

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739053 (7)

1. Corporation Name  
LOGGERS' RUN, INC.

Principal Place of Business Mailing Address  
23257 STATE RD. 7 23123 ST RD 7  
SUITE 202 STE 304  
BOCA RATON FL 33428 BOCA RATON FL 33428  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1977	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1889615	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
BECCHIO, BRIAN L  
23257 STATE ROAD 7  
SUITE 202  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	BARBIERI, FRANK
STREET ADDRESS	11394 COUNTRY SOUND CT.
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	VD
NAME	WINIKOFF, JEFFREY
STREET ADDRESS	11384 CHOCOLATE WAY
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	<del>VD</del> DIRECTOR
NAME	IANNAZZI, ROBERT
STREET ADDRESS	21023 SHADY VISTA LANE
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	<del>VD</del> VICE-PRES.
NAME	FREEDMAN, CYNTHIA
STREET ADDRESS	11804 TIMERS WAY
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	TD
NAME	MOORE, JOHN
STREET ADDRESS	21293 PURPLE SAGE LANE
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	SECRETARY
NAME	LORRAINE RUSSO
STREET ADDRESS	22251 SOLITUDE DRIVE
CITY - ST - ZIP	BOCA RATON FL 33428

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Grape
2.3 STREET ADDRESS	22315 SOLITUDE
2.4 CITY - ST - ZIP	BOCA RATON FL 33428
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jim Jordan
5.3 STREET ADDRESS	21387 Sweetwater Lane N.
5.4 CITY - ST - ZIP	BOCA RATON, FL 33428
6.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LORRAINE RUSSO
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia Freedman 4/26/95 (407) 451-9992  
DATE: \_\_\_\_\_