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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90135 049 ***150.00

DOCUMENT # **P95000065624**

1. Corporation Name
YOUR LOGO FRANCHISES, INC.

Principal Place of Business	Mailing Address
9270 BAY PLAZA BLVD SUITE 609 TAMPA FL 33619 US	P.O. BOX 1573 BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/24/1995

2. Principal Place of Business	2a. Mailing Address
21 12647 US Hwy 19	26 12647 US Hwy 19
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hudson, FL	City & State 28 Hudson, FL
Zip 24 34667 Country 25 USA	Zip 29 34667 Country 30 USA

4. FEI Number: 59-3346440 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DELLIVENIRI, MICHAEL T
3701 KENTFIELD PLACE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: Michael T. Delliveniri
82 Street Address (P.O. Box Number is Not Acceptable): 12647 U.S. Hwy 19
83
84 City: Hudson FL 85 Zip Code: 34667

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: Michael T. Delliveniri — Michael T. Delliveniri — 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	DELLIVENIRI, MICHAEL T		1.2 NAME	Delliveniri, Michael T.	
STREET ADDRESS	3701 KENTFIELD PLACE		1.3 STREET ADDRESS	12647 U.S. Hwy 19	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DVPS	☐ DELETE	2.1 TITLE	DVPS	☒ Change ☐ Addition
NAME	DELLIVENIRI, BRENDA		2.2 NAME	Delliveniri, Brenda	
STREET ADDRESS	3701 KENTFIELD PLACE		2.3 STREET ADDRESS	12647 U.S. Hwy 19	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	EGAN, STEPHEN M		3.2 NAME	Egan, Stephen M.	
STREET ADDRESS	5537 SHELDON RD., SUITE W		3.3 STREET ADDRESS	12647 U.S. Hwy 19	
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	COO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREY, JAMES T		4. 2 NAME		
STREET ADDRESS	30599 N US HWY 19		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE	DVP	☒ Change ☐ Addition
NAME	SUGGS, ROGER L		5.2 NAME	Suggs, Roger L.	
STREET ADDRESS	2252 E EDGEWOOD		5.3 STREET ADDRESS	12647 U.S. Hwy 19	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DVP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DONALD J		6.2 NAME		
STREET ADDRESS	2252 E EDGEWOOD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael T. Delliveniri — Michael T. Delliveniri — 4-30-99 — 800-978-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #