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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9300002300 (2) LOGICUS INCORPORATED							I MARIKAN ININ NAMA ININ ARKII ARI		<b>                                    </b>	
Principal Place	of Business	Mai	ling Address							
BROWNSVILL	E JUNCTION	E	BROWNSVILLE JUNC	TION						
STE. 205		\$	STE. 205			Ì				
SCHOMBERG US	ON LOGITO CA LOGIT		schomberg on Loi Us	GIT			3. Date Incorporated or Qualified	3a. Da	ate of Last Re	eport
							06/08/1993		05/01/19	95
2. Principa! Plad	ce of Business	<u> </u>	Mailing Address				4. FEI Number		<b>▶</b> →	Applied For
Suite, Apt. #		26	Cute Act # etc				98-0134903			Not Applicable
Suite, Apt. #	, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing			D May Be
3		28	,				Trust Fund Contribution			d to Fees
Zip	Country		Zψ	Count	ry		8. This corporation has liability for		tax under s	199.032,
•	25	29		30				i □ No		
	9. Name and Address of Curren	t Registe	ered Agent				10. Name and Address of New F	Registere	d Agent	
				*	1 Name					
CORPORATION INFORMATION SERVICES, IN			C. 82 Street Add		Address	s (P.O. Box Number is Not Acceptat	ole)			
	AYS STREET			la	3					
TALLAH	ASSEE FL 32301									
				8	4 City			F	85 Zig	o Code
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	da Such	change was authoriz	ed by the co	named c rporation's	orporate s board (	on submits this statement for the pu of directors. I hereby accept the app	irpose of c pointment	rianging its r as registered	egistered omo agent I am
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric n, and accept the obligations of, Secti Signature transformations of my the Taylor OFFICERS ANS	da Such ion 607.0	change was authoriz 1505, Florida Statutes (%) TORS	red by the co i. Otr. Highteret A.	rporation's	s board o	of directors. Thereby accept the app (https://discourses.org/ ADDITIONS/CHANGES TO OFF	DATE	as registered	agent I am
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coiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name arrivent an address. oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:

Ja cu April 22, 1996 (905) 939 8652 OLO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR