FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

STE. 205

BROWNSVILLE JUNCTION

SCHOMBERG ON LOGIT

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

E Cartificate of Statut Denirod

06/08/1993

98-0134903

4. FEI Number

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002300 (2)

LOGICUS INCORPORATED

Principal Place of Business

SCHOMBERG ON LOGITO CA LOGIT

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

BROWNSVILLE JUNCTION

STE. 205

22		27					Fee Required
City & Stat	te	City	& State				6. Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
Zip	Country	Ziρ		Cou	intry	•	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30	,		Florida Statutes Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES, INC.					81	Name	
1201 HAYS STREET TALLAHASSEE FL 32301				62	Street Address (P.O. Box Number is Not Acceptable)		
				83			
					84	City	85 Zip Code
						•	FL
11. Pursuant	to the provisions of Sections 607 05	02 and 607.15	08, Florida Statu	tes, the al	bove	-named co	orporation submits this statement for the purpose of changing its registered
agent. La	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Su gations of, Sect	ion change was tion 607.0505, Fi	autnorizei Iorida Stat	a by lutes	tne corpoi :	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
OTCH TOTAL	Stgratury, typed or protest name of registriced as	jest and title if applic	able. (NO	TE: Registered	d Ager	nt signature rec	equired when reinstating) DATE
12.		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 T)	TLE		D Change ☐ Addition
NAME	COLLACUTT, DAVID		•	12 N/	AME	C	COLLACUTT, DAVID US DUNLOP ST.E, SUITE 201
STREET ADDRESS	215 DUNLOP ST.E, SUITE 201			1.3 \$1	REET	ADDRESS 2	US DUNLOP STIE. SUITE 201
CHTY-ST-7 P	BARRIE ON CA			14 C	TY-ST	í-ZIP	SHKKIE ON CA LAMIB'L
TITLE	VSD		☐ DELETE	2 1 Ti	TLE	7	Change Addition
NAME	COLLACUTT, BONNIE			22 N/	AME	V	NALISSER, ROBERT 55 Faywood Blud, Apt 20 2 NORTH YORK ON M3H 2X1 Change Addition
STREET ADDRESS	215 DUNLOP ST.E, SUITE 201			23 \$1	rreet a	ADDRESS .	55 Fayword Alud Apt 207
CHY-SI-7P	BARRIE ON CA			2 4 C	IIY-S	T-ZIP	NORTH YARK ON MALIAKI CA
TILE			DELETE	3 1 TI	TLE		Change Addition
NAME				3.2 NA	AME		in the second second
STREET ADDRESS				3 3 ST	TREET A	ADDRESS	
CITY-\$1-7-P*				3 4. C	ITY-S	T-ZIP	
THE			DELETE	4 1 TI	TLE		Change Addition
NAME				4 2 N	IAME	ļ	
STREET ADDRESS				4 3 ST	REET	ADDRESS	
CITY-ST-7:F				4.4 CI	TY-\$1	r-ziP	
T TLE			DELETE	51 TI	_		Change Addition
NAME				52 N/	AME		
STREET ADDRESS				5 3 ST	REET .	ADDRESS	
CITY-ST-7-F					TY-S1		
MIL			DELETE	61 Ti		-	Change Addition
NAME				62 N/	AME		
STREET ADDRESS				63 ST	REET A	ADDRESS	
CHY-SI-7-P				6.4 CI			
14 Lido here	by certify that the information supplie	ed with this filir	ng does not qual	ify for the	AVAI	motion stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this annual report or officer or director of the corporation of	supplemental -	annual report is	true and a vered to e	accu exec	rate and th	hat my signature shall have the same legal effect as if made under oath, that port as required by Chapter 607 Florida Statutes; and that my name
appears	in Block 12 or Block 13 if changed, o	Nor In altab	ment with an ad	dress.		are and rep	Service required by emaphorizon information distribution and that my harris