

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # G27920 (9)**  
 1. Corporation Name  
**LOGICAL SOLUTIONS RESEARCH & DEVELOPMENT, INC.**



**Principal Place of Business** 900 CADILLAC DRIVE NE  
 PALM BAY FL 32905  
 US

**Mailing Address** 900 CADILLAC DRIVE NE  
 PALM BAY FL 32905  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4806 Oak Acres Dr.	26	4806 Oak Acres Dr.	03/15/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2296363	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Lake Wales, FL		Lake Wales, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	33853	25. Country	US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Zip	33853	30. Country	US		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHINDLER, KURT M. 900 CADILLAC DRIVE NE PALM BAY FL 32905				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				4806 Oak Acres Dr.			
				84. City		Lake Wales	
		FL		33853			

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SCHINDLER, KURT M.	1.2 NAME	
STREET ADDRESS	900 CADILLAC DR NE	1.3 STREET ADDRESS	4806 Oak Acres Dr.
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	STD	2.1 TITLE	
NAME	SCHINDLER, SANDRA L.	2.2 NAME	
STREET ADDRESS	900 CADILLAC DR NE	2.3 STREET ADDRESS	4806 Oak Acres Dr.
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Sandra A. Schindler* SANDRA L. SCHINDLER 4/23/98 (941) 439-5165

CR2E034 (10/97)