

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G92249** (3)

1. Corporation Name
LOGEL BUILDERS INC.

Principal Place of Business 88005 OVERSEAS HWY SUITE 13 ISLAMORADA FL 33036 US	Mailing Address 88005 OVERSEAS HWY SUITE 13 ISLAMORADA FL 33036-3043 US
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2. Principal Place of Business 21 300 ATLANTIC DRIVE Suite, Apt. #, etc. 22 SUITE 8 City & State 23 KEY LARGO, FL Zip 24 33037	2a. Mailing Address 26 P.O. Box 2439 Suite, Apt. #, etc. 27 City & State 28 BANNER ELK, NC Zip 29 28604 Country 30 USA
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3. Date Incorporated or Qualified 03/19/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2396496	Applied For Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LOGEL, ROBERT F. IV
~~**88005 OVERSEAS HWY**~~
~~**SUITE 13**~~
~~**ISLAMORADA FL 33036**~~
SAME AGENT
NEW ADDRESS

10. Name and Address of New Registered Agent
81 Name **LOGEL, ROBERT F. IV**
82 Street Address (P.O. Box Number is Not Acceptable)
152 MOHAWK ST.
83
84 City **TAVERNIER** FL 85 Zip Code **33070**

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 *Robert F. Logel III* **ROBERT F. LOGEL III** 4/4/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LOGEL, ROBERT F., JR.	
STREET ADDRESS	129 PALO DE ORO DR	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOGEL, ROBERT F., III	
STREET ADDRESS	913 ELK HILL ROAD	
CITY - ST - ZIP	BANNER ELK NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOGEL, ELIZABETH R.	
STREET ADDRESS	913 ELK HILL ROAD	
CITY - ST - ZIP	BANNER ELK NC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LOGEL, MARIE	
STREET ADDRESS	129 PALO DE ORO DRIVE	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOGEL, MICHAEL J.	
STREET ADDRESS	109 NAWOJO STREET	
CITY - ST - ZIP	TAVERNIER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOGEL, ROBERT F. IV	
STREET ADDRESS	88005 OVERSEAS HWY SUITE 13	
CITY - ST - ZIP	ISLAMORADA FL	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/T
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	152 MOHAWK ST.
6.4 CITY - ST - ZIP	TAVERNIER, FL 33070

14. I do 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: *Robert F. Logel III* **ROBERT F. LOGEL III** 3/27/97 704-898-5699
Signature and typed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)