

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H10946** (2)

1. Corporation Name

**LOGISTICS CROSSROADS, INC.**



Principal Place of Business

**2160 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779**

Mailing Address

**2160 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified <b>07/02/1984</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-2464883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WALKOVK, G.L.  
2160 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

(Signature of Registered Agent or Secretary of State)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	12. NAME	
STREET ADDRESS	STREET ADDRESS	13. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	14. CITY-STATE-ZIP	
TITLE	NAME	2. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	22. NAME	
STREET ADDRESS	STREET ADDRESS	23. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	24. CITY-STATE-ZIP	
TITLE	NAME	3. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	32. NAME	
STREET ADDRESS	STREET ADDRESS	33. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	34. CITY-STATE-ZIP	
TITLE	NAME	4. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	42. NAME	
STREET ADDRESS	STREET ADDRESS	43. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	44. CITY-STATE-ZIP	
TITLE	NAME	5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	52. NAME	
STREET ADDRESS	STREET ADDRESS	53. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	54. CITY-STATE-ZIP	
TITLE	NAME	6. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NAME	62. NAME	
STREET ADDRESS	STREET ADDRESS	63. STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 this 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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G. L. WALKOVK**

**1-30-96 407 333 4668**

Date

Day/Time Phone #

CR2E034 (12/95)