

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

FILED

Apr 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H10946 (2)**  
 1. Corporation Name  
**LOGISTICS CROSSROADS, INC.**



Principal Place of Business <b>2180 DEER HOLLOW CIRCLE LONGWOOD FL 32779</b>	Mailing Address <b>2180 DEER HOLLOW CIRCLE LONGWOOD FL 32779</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 1719 ERROL WOODS DR Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 1719 ERROL WOODS DR Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 07/02/1984
<b>22</b> City & State 23 APOPKA, FL Zip Country 24 32712 25		<b>27</b> City & State 28 APOPKA, FL Zip Country 29 32712 30		<b>4. FEI Number</b> 59-2464883 Applied For Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> WALKOVIK, G.L. 2180 DEER HOLLOW CIRCLE LONGWOOD FL 32779		<b>10. Name and Address of New Registered Agent</b> 81 Name WALKOVIK, G.L. 82 Street Address (P.O. Box Number is Not Acceptable) 1719 ERROL WOODS DR 83 84 City APOPKA FL 85 Zip Code 32712	
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**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 *G.L. Walkovik* **PRESIDENT G.L. WALKOVIK** **3-28-98**  
Signature typed or printed name of individual and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCS NAME WALKOVIK, G. L. STREET ADDRESS 2180 DEER HOLLOW CIRCLE CITY-ST-ZIP LONGWOOD FL	<input type="checkbox"/> DELETE	1.1 TITLE PCTS 1.2 NAME WALKOVIK, G.L. 1.3 STREET ADDRESS 1719 ERROL WOODS DR 1.4 CITY-ST-ZIP APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 included, or on an attachment with an address.**

SIGNATURE *G.L. Walkovik* **G.L. WALKOVIK** **3-28-98** **407 814 9123**

CR2E034 (10/97)