

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

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**May 19 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 # J50726 (5)

1. Corporation Name
COMPU-LOGICS, INC.



Principal Place of Business 17431 SW 61ST CT FT. LAUDERDALE FL 33331	Mailing Address 17431 SW 61ST CT FT. LAUDERDALE FL 33331-1715
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3. Date Incorporated or Qualified 12/30/1986	3a. Date of Last Report 09/25/1996
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2. Principal Place of Business 21 4808 SW 120 Ave	2a. Mailing Address 26 4808 SW 120 Ave
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State COOPER CITY FL	28. City & State COOPER CITY FL
24. Zip 33330	29. Zip 33330
25. Country BROWARD	30. Country BROWARD

4. FEI Number 59-2747318	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**DAVIS, LARRY
17431 SW 61ST CT
FT. LAUDERDALE FL 33331**

10. Name and Address of New Registered Agent

81 Name: DAVIS, LARRY
82 Street Address (P.O. Box Number is Not Acceptable): 4808 SW 120 Ave
83
84 City: COOPER CITY FL 85 Zip Code: 33330

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, LARRY	
STREET ADDRESS	17431 SW 61ST CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVIS, LARRY
1.3 STREET ADDRESS	4808 SW 120 Ave
1.4 CITY-ST-ZIP	COOPER CITY FL 33330
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if with an address.

SIGNATURE _____ DATE **5/1/97**

CR2E034 (9/96)