SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K77510** **(1)**

1. Corporation Name
LOGICOM, INC.

Principal Place of Business	Mailing Address
5701 PINE ISLAND ROAD TAMARAC FL 33321	5701 PINE ISLAND ROAD TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1989
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0111338 ☐ Applied For ☐ Not Applicable

22. Suite, Apt. #, etc.: Suite # 350
27. Suite, Apt. #, etc.: Suite # 350

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23. City & State
28. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24. Zip
25. Country
29. Zip
30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNEL, DONALD M.
5701 PINE ISLAND ROAD
TAMARAC FL 33321

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 607.1505, 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	ARNEL, DONALD M.	1.2 NAME	
STREET ADDRESS	3420 PINEWALK DRIVE NORTH #715	1.3 STREET ADDRESS	1524 NW 102 Drive
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	Coral Springs, Fl 33071
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	ARNEL, BETH	2.2 NAME	Timothy C Arnel
STREET ADDRESS	3420 PINEWALK DRIVE NORTH #715	2.3 STREET ADDRESS	1142 NW 97th Drive
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	Edward C Bush
STREET ADDRESS		3.3. STREET ADDRESS	9640 NW 7th Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		4.1 TITLE	V ☐ Change ☒ Addition
NAME		4.2 NAME	Keith A. Miller
STREET ADDRESS		4.3 STREET ADDRESS	9640 NW 7th Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Donald M. Arnel DONALD M. ARNEL 6-27-95 305-726-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078000 CP