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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K77510

(1)

1. Corporation Name  
LOGICOM, INC.

Principal Place of Business

5701 PINE ISLAND ROAD  
SUITE 300  
TAMARAC FL 33321  
US

Mailing Address

5701 PINE ISLAND ROAD  
SUITE 300  
TAMARAC FL 33321-4400  
US

3. Date Incorporated or Qualified  
04/01/1989

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0111338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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, TIM  
1142 NW 97TH DRIVE  
CORAL SPRINGS FL 33071

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 607.1508, 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

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 ☐ DELETE  
NAME ST  
HOLBACH, KEITH S.  
STREET ADDRESS 1087A NW 29TH CT  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE  
NAME P  
TIMOTHY C. ARNEL  
STREET ADDRESS 1142 NW 97TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE  
NAME V  
EDWARD C. BUSH  
STREET ADDRESS 9640 NW 7TH CIRCLE  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE  
NAME V  
KEITH A. MILLER  
STREET ADDRESS 9640 NW 7TH CIRCLE  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME HOLBACH, KEITH S.  
1.3 STREET ADDRESS 10871 NW 29 COURT  
1.4 CITY-ST-ZIP SUNRISE, FL 33322

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME EDWARD C. BUSH  
3.3 STREET ADDRESS 66621 NW 22 STREET  
3.4 CITY-ST-ZIP MARGATE, FL. 33063

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME KEITH A. MILLER  
4.3 STREET ADDRESS 843 NE 17 AVENUE APT 1  
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY C. ARNEL

Date

Daytime Phone #

CR2E034 (9/96)