

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 # **L00733** (0)

1. Corporation Name
YOUR LOGO, INC.



Principal Place of Business

**5537 SHELDON ROAD
SUITE V
TAMPA FL 33615
US**

Mailing Address

**P O BOX 1573
742 CLIMATE DRIVE
BRANDON FL 33509-1573
US**

3. Date Incorporated or Qualified **07/10/1989** 3a. Date of Last Report **06/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **59-2967747**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

Brandon, FL

33511

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELLIVENIRI, MICHAEL T.
742 CLIMATE DRIVE
BRANDON FL 33511**

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 date of application

Signature, typed or printed name of registered agent and date of application

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPT
DELLIVENIRI, MICHAEL T.
742 CLIMATE DRIVE
BRANDON FL**

TITLE ☐ DELETE

**DVPS
DELLIVENIRI, BRENDA
742 CLIMATE DR
BRANDON FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 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:

Brenda Delliveniri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96
Date

813-685-7116
Daytime Phone

CR2E034 (12/95)