

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

0500251

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 009 ***150.00

DOCUMENT # **L00733**

1. Corporation Name
YOUR LOGO, INC.



Principal Place of Business
**9270 BAY PALZA BLVD
SUITE 609
TAMPA FL 33615
US**

Mailing Address
**P.O. BOX 1573
BRANDON FL 33511
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **4520 W. Kennedy Blvd.**

Suite, Apt. #, etc.

22 **Tampa, FL**

City & State

23 **33609** ☐ **USA**

Zip

Country

24 **33609** ☐ **USA**

Zip

Country

25 **USA**

Country

26 **12647 U.S. Hwy 19**

Suite, Apt. #, etc.

27 **Hudson, FL**

City & State

28 **34667** ☐ **USA**

Zip

Country

29 **34667** ☐ **USA**

Zip

Country

30 **USA**

Country

9. Name and Address of Current Registered Agent

**DELLIVENIRI, MICHAEL T.
3701 KENTFIELD PL
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

Michael T. Delliveniri

82 Street Address (P.O. Box Number is Not Acceptable)

12647 U.S. Hwy 19

83

84 City

Hudson

FL

85 Zip Code
34667

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 **Michael T. Delliveniri**

Michael T. Delliveniri

4-30-99

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 **DPT** ☐ DELETE
NAME **DELLIVENIRI, MICHAEL T.**
STREET ADDRESS **3701 KENTFIELD PLACE**
CITY-ST-ZIP **VAL RICO FL**

TITLE **DVPS** ☒ DELETE
NAME **DELLIVENIRI, BRENDA**
STREET ADDRESS **3701 KENTFIELD PLACE**
CITY-ST-ZIP **VAL RICO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DVP** ☒ Change ☐ Addition
1.2 NAME **Michael T. Delliveniri**
1.3 STREET ADDRESS **12647 U.S. Hwy 19**
1.4 CITY-ST-ZIP **Hudson, FL 34667**

2.1 TITLE **DP** ☐ Change ☒ Addition
2.2 NAME **Randolph Delliveniri**
2.3 STREET ADDRESS **4520 W. Kennedy Blvd.**
2.4 CITY-ST-ZIP **Tampa, FL 33609**

3.1 TITLE **DVPS** ☐ Change ☒ Addition
3.2 NAME **Stephen M. Egan**
3.3 STREET ADDRESS **4520 W. Kennedy Blvd.**
3.4 CITY-ST-ZIP **Tampa, FL 33609**

4.1 TITLE **DVPT** ☐ Change ☒ Addition
4.2 NAME **James R. Humphrey**
4.3 STREET ADDRESS **4520 W. Kennedy Blvd.**
4.4 CITY-ST-ZIP **Tampa, FL 33609**

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Delliveniri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Delliveniri 4-30-99 800-978-5646
Date Daytime Phone #

CR2E034 (11/98)