FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15293 (8)

1. Corporation Name
VAN ALLEN PROPERTIES, INC.

Principal Place of Business
7251 WEST PALMETTO PARK ROAD
BOCA RATON FL 33433

Mailing Address
7251 WEST PALMETTO PARK ROAD
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0151419 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
SUTTON, LYNNE C.
7251 W PALMETTO PK RD
STE 300
BOCA RATON FL 33433

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Field	
TITLE	CD
NAME	CROHN, FRANK T
STREET ADDRESS	7251 W. PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	HOEFT, JERALD R
STREET ADDRESS	7251 W. PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	SIMON, MARK A
STREET ADDRESS	7251 W PALMETTO PK RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	VT
NAME	SUTTON, LYNNE C
STREET ADDRESS	7251 W. PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	RICHMOND, LINDA T
STREET ADDRESS	7251 W. PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		Change	Addition
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Jerald R. Hoeft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date
(407) 394-9400 Daytime Phone

0261162 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY ... 3:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L15322** **(5)**

1. Corporation Name
LOGOS INTEGRATED SYSTEMS, INC.

Principal Place of Business	Mailing Address
3435 S.W. 3RD STREET DEERFIELD BCH FL 33442 US	P. O. BOX 4176 DEERFIELD BEACH FL 33442 US

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **08/19/1994**
4. FEI Number: **65-0142909** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, LEONZO E.
3435 SW 3RD ST.
DEERFIELD BEACH FL 33442

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 Leonzo E. Miller III   4-28-94
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	11 TITLE ☐ Change ☐ Addition
NAME	MILLER, LEONZO E.	12 NAME
STREET ADDRESS	3435 SW 3RD ST.	13 STREET ADDRESS
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP
TITLE	DST	21 TITLE ☐ Change ☐ Addition
NAME	CARR, MICHELLE S.	22 NAME
STREET ADDRESS	3960 NW 45TH AVE.	23 STREET ADDRESS
CITY ST ZIP	LAUDERDALE LAKES FL	24 CITY ST ZIP
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 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: Leonzo E. Miller   4-28-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0437063 FP