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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name LOGOS, INC.

(4)

L55276

FILED

Apr 29 1998 8:00am

Secretary of State

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Principal Place of Business Mailing Address						. I SARESANT MAT ALLES ELVIN 15645 JABIN AND A	TIERL BIBLI BIBLI BI	in Albii Albii in	161
7031 GRAND NATIONAL DRIVE 101 ORLANDO FL 32818 US		101	7031 GRAND NATIONAL DRIVE 101 ORLANDO FL 32819 US			DO NOT WRITE IN	I THIS SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US		UU				03/02/1990			
2 Principal P	lace of Businoss	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			or
21		 	26			65-0177604	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					¬ \$8.	75 Addition	-
22		27	27			5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	Cou	Country		8. This corporation owes or has paid			,
24	25 29 30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr	ent Registered Agent		B1	Name	10. Name and Address of New Regis	stered Agent		- $+$
	OPE, FRED			•	Name				
	31 GRAND NATIONAL DRIVE		62 Street Add			ess (P.O. Box Number is Not Acceptable)		
10				83					\dashv
O	RLANDO FL 32819			63					
				84	City		FL 85	Zip Code	
44 0	to the available of Sections 607.0	602 and 607 1609 Florida Statu	tee the e	2016	-nemed corp	oration submits this statement for the pur		ing its regist	tered
Affice or i	registered eacht or both in the Sta	ite of Florida. Such chande was	ALITHORIZA	יסח מ	The corporation	ion's board of directors. I hereby accept t	the appointme	nt as registe	red
agent La	im familiar with, and accept the obl	igations of, Section 607.0505, Fi	iorida Stai	utes.	•				l
SIGNATURE	Signature, typed or printed name of registered	acount and little if applicable (NO	TE Registere	d Ager	nt signature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	2
TITLE	0	DELETE	1.1 (1	tL€			☐ Ch	inge 🔲 Ad	ddition
NAME	POPE, DONETTE		1.2 N	AME					İ
STREET ADDRESS	8618 DOVER OAKS CT		1.3 \$	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 0	TY-ST	-ZIP				
TITLE	Р	DELETE	2 1 TI	ħΕ			☐ Ch	ange 🔲 Ac	ddition
NAME	POPE, FREDERICK		2.2 NAM						1
STREET ADDRESS	8618 DOVER OAKS CT		2.3 STREET ADDRESS		ADDRESS				
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TITLE		DELETE	3.1 TITLE				Cn	ange [_] Ad	ddition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				t
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NAME			4.21		ADDRESS				
STREET ADDRESS					ADDRESS				
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TITLE		C) perceit	5.2 N				<u></u>		
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CITY - ST - ZIP	 	DELETE	54 U		- 217		☐ Ch	ange A	ddition
NAME		عدد بسي	62 N					- -	
STREET ADDRESS			1		ADORESS				
1				ITY-SI					
CITY-ST-ZIP	1		0.40		, 20				

14. 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 attantiment with an address.