

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

DOCUMENT # P01461

(3)

1. Corporation Name

LOGICAL DEVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**692 S MILITARY TRAIL
DEERFIELD FL 33442**

**692 S MILITARY TRAIL
DEERFIELD FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1984

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

2a. Mailing Address

21 264 SW 12th Ave.

26 264 SW 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Deerfield Beach, FL.

28 Deerfield Bch, Florida

Zip

County

Zip

County

24 33442

29 33442

25 Broward

30 Broward

4. FEI Number

59-1984133

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

**MOTARJEMI, H. DAVID
692 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name Motarjemi, H. David

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

264 SW 12th Ave

83

84 City Deerfield Beach FL

85 Zip Code 33442

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 the taxpayer

NOTE: Registered Agent service required when registering

DATE

12. OFFICERS AND DIRECTORS

**TITLE PVST
NAME MOTARJEMI, H. DAVID
STREET ADDRESS 4250 NW 74TH ST
CITY, ST, ZIP POMPANO BEACH FL 33073**

**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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE
12 NAME
13 STREET ADDRESS 264 SW 12th Avenue
14 CITY, ST, ZIP Deerfield Beach, FL. 33442**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
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(9)(b), 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 manager or trustee empowered to prepare 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number