

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36669** (0)

1. Corporation Name
LOGAN BRANDON REALTY CORP.



Principal Place of Business: **11540 HWY 92 EAST SEFFNER FL 33584 US**
Mailing Address: **11540 HWY 92 EAST SEFFNER FL 33584 US**

3. Date Incorporated or Qualified: **12/13/1991**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-3053569**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**BEYER, DAVID A.
C/O RUDNICK & WOLFE
101 EAST KENNEDY BLVD. - SUITE 2000
TAMPA FL 33602-5133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 applicable date

8016 Page Level Agent by which registered after reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	SEAMAN, JULIE	
STREET ADDRESS	11540 HWY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINKEL, JEFFREY	
STREET ADDRESS	11540 HWY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HWY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Vice President
43 STREET ADDRESS	Schwartz, Larry
44 CITY-ST-ZIP	11540 Highway 92 East
	Seffner, FL 33584
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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: *[Signature]* Lewis Stein, Secretary APR 23 1996 (813) 623-5400

CP2E034 (12/95)