

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandara B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FEB
1996

APR 11 AM 11:45

WILMINGTON, FLORIDA

DOCUMENT # P93000014045 (7)

To: Corporation Name

OLOGICS, INC.

Principal Place of Business

Mailing Address

**3948 KENAS
LAKE WORTH FL 33405
US**

**3948 KANAS ST
LAKE WORTH FL 33405
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0385497

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. 196.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **13300 Walsingham Rd.**

26 **SAME**

22 **7-71**

27 **"**

23 **Largo, FL.**

28 **"**

24 **34644**

25 **U.S.A.**

29 **"**

30 **"**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUIRINO, PHILIP D
3948 KENAS ST
LAKE WORTH FL 33405**

81 Name

Ann Quirino

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

13300 Walsingham Rd. 7-#71

83

84 City

LARGO,

85 FL

86 Zip Code

34644

11. Pursuant to the provisions of Sections 607.0503 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

Mary Ann Quirino

(Signature of Agent, if different from registered agent, requires agent verification)

28 April 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME
QUIRINO, PHILIP
STREET ADDRESS
3948 KENAS ST
CITY, ST, ZIP
LAKE WORTH FL

11 TITLE

D

12 NAME
Quirino, Philip

13 STREET ADDRESS

13300 Walsingham Rd. 7-71

14 CITY, ST, ZIP

Largo, FL. 34644

TITLE

D

NAME
QUIRINO, ANN
STREET ADDRESS
25 N BELCHER APT L-175
CITY, ST, ZIP
CLEARWATER FL

21 TITLE

D

22 NAME
Quirino, ANN

23 STREET ADDRESS

13300 Walsingham Rd. 7-71

24 CITY, ST, ZIP

Largo, FL. 34644

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 of this report, or on an attachment with an address.

SIGNATURE:

Mary Ann Quirino - Mary Ann Quirino

DATE

28 April 95

913-595-8392