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Apr 25 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000068281 (3)

1. Corporation Name
E & R LOGOS COMPANY, INC.

Principal Place of Business
7030 VILLA ESTELLE DR.
ORLANDO FL 32819

Mailing Address
7030 VILLA ESTELLE DR.
ORLANDO FL 32819-5246



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

EGUCHI, EMI J
7030 VILLA ESTELLE DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

02/27/1996

4. FEI Number

59-3204827

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**

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

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** **DELETE**

NAME **CHOYAMA, RICHARD V SHOTT**
STREET ADDRESS **7030 VILLA ESTELLE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** **DELETE**

NAME **EGUCHI, EMI JORCE**
STREET ADDRESS **7030 VILLA ESTELLE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Change** **Addition**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Change** **Addition**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **Change** **Addition**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Change** **Addition**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **Change** **Addition**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **Change** **Addition**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE:

Signature **EMI JOICE EGUCHI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

407 248 8511

Date

Daytime Phone #

CR2E034 (9/96)