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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000088573 (9)

PRO LOGIC, INC.	000010 (0)			18.55. 18.55. <u>18.55. 18.55. 18.55. 18.55.</u>
Principal Place of Business	Mailing Address			18141 18181 81111 <b>18188 1</b> 111 1881
5708 S. PLUM BAY PKWY TAMARAC FL 33321	5708 S. PLUM BAY PKWY TAMARAC FL 33321-6300	r		
			12/20/1993	Date of Last Report 10/31/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		59-3213253	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip 😁 Country	Zip	Country	8. This corporation has liability for intang	
24 4 25	29	30	Florida Statutes Yes	
9, Name and Address of Current ARIAS, MANUEL A	Hedistelen Want	B1 Name	10. Name and Address of New Registe	red Agent
5708 S. PLUM BAY PKWY				
TAMARAC FL 33321		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
/A		83		
·		84 City		85 Zip Code
<u>.</u>		'		F <b>L</b>
II. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with and accept the obligation	ions of Section 607,0503. Fi	authorized by the corpora lorida Statutes	tion's board of directors. I horeby accept the	appointment as registered
	and title if applicable. (NO	TE Registered Agent signature requ	red when reinstating) DA	1 2/97
12. OFFICERS AND	and title if applicable. (NO DIRECTORS	TE Registered Agent signature requ		AND DIRECTORS IN 12
12. OFFICERS AND	and title if applicable. (NO	TE Registered Agent signature requirements 13.	red when reinstating) DA	1 2/97
12. OFFICERS AND	and title if applicable. (NO DIRECTORS	TE Registered Agent signature requ	red when reinstating) DA	AND DIRECTORS IN 12
12. OFFICERS AND  TITLE PD  NAME ARIAS, MANUEL A  STREET ADDRESS CITY-ST-ZIP TAMPA FL 33615	and title if applicable. (NO DIRECTORS	13. 1.1 TITLE 1.2 NAME	red when reinstating) DA	AND DIRECTORS IN 12
12. OFFICERS AND  TITLE PD  NAME ARIAS, MANUEL A  STREET ADDRESS 10106 ROSEBROOK CT.  TAMPA FL 33615  TITLE VSD	and title if applicable. (NO DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DA	AND DIRECTORS IN 12
12. OFFICERS AND  TITLE PD  NAME ARIAS, MANUEL A  STREET ADDRESS 10106 ROSEBROOK CT.  TAMPA FL 33615  TITLE VSD  NAME ARIAS, MARIA	end title if applicable. (NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DA	AND DIRECTORS IN 12 Change Addition
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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 applicates in Block 12 or Block 13 if the paper or one an attemptors with an address.

SIGNATURE: X

6/1/07

**FILED** 

Jun 02 1997 8:00am

Secretary of State