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

Mailing Address

\$16 LAKEVIEW RD.

CLEARWATER FL 34616-3302

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

516 LAKEVIEW RD.

CLEARWATER FL 34616



FLORIDA DEPARAMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

4/3-107 212-441-8163

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000012157 (1)

LAKEVIEW BRACE AND LIMB BY MARK LOGUE, INC.

										ſ	3. Date Incorporated or Qualific	ι	Date of		eport	
2, Principal Place of Business					1						02/14/1994	0	5/01/1	y		
¬ `					ta. Mailing Address □					-	4. FEI Number			Applied For		
Suite, Apt. #, etc.				26	Suite, Apt. #, etc.						59-3155428				t Applicable	
22				27	¬ ' '					İ	5. Certificate of Status Desired)./) Fee Re	Additional	
City & State				- 127	City & State						& Clastica Commercian Signature					
23										{	Election Campaign Financing Trust Fund Contribution	, –			May Be o Fees	
Zip	Country				Z _{IP} Cou			ntry		8. This corporation has liability for intangible tax under s						
24		25 29 30					30	Florida Statutes				Yes No				
	g, Name	and	Address of Curre						10. Name and Address of New Registered Agent						··	
LOG	BUE, MARK							81	Name						*	
516 LAKEVIEW RD.								82	2 Stroot Address (P.O. Box Number is Not Acceptable)							
VILLA I								02	Surget Actoress (n.c., box normoens not Acceptable)							
CLEARWATER FL 34616					f			83								
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]	84	City			F	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 office or registored agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as re-														s registered registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE																
	Signature, typed	o: prir	ted name of registered ag					Age	ent signature n	required v	Mich reinstating)	DATE				
12.	BAT		OFFICERS AN	ID DIRE	CTORS						ADDITIONS/CHANGES TO OF	FICERS A				
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	ov certify the	t the	information supplie	ed with t	his bloc	a does not nueli	6.4 Cil			ated in	Section 119.07(3)(i), Florida Stat	utes I forti	er certi	(v that i	iha	
informatio	n indicated d	on thi	s anoual report or :	suonion	iental a	nnual report is I	ruo and ad	0011	trate and t	that my	y signature shall have the same li s required by Chapter 607, Floric	toolloffoot	an if nya	do uno	for oathe that	