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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052664 (7)

LOGUE CONSULTING INC.

Principal Place of Business 8603 SOUTH DIXIE HWY. SUITE 409 MIAMI FL 33143		Mailing Address	Mailing Address 8603 SOUTH DIXIE HWY. SUITE 409 MIAMI FL 33143-7807			/EIII 83161 61116 17618 91179 EIIIA 6161 1391
		MIAMI FL 33143-7807				
					 Date Incorporated or Qualified 07/15/1994 	d 3a. Date of Last Report 01/30/1996
2. Principal Place of Business 2a. Mailing Ac			ess		4. FEI Number	Applied For
21		26			65-0506418	Not Applicable
Suite, Apt. #, etc. Suite, Apt.			elc.		5. Certificate of Status Desired	\$8.75 Additional
22					A Flatia Committee Flame	Fee Required
28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip				or intangible tax under s. 199,032,
24	25	29	30		Florida Statutes	Yes No
	9, Name and Address of Cu				10. Name and Address of New I	Registered Agent
DIXO	ON, SHARON Q		8	Name		
150 WEST FLAGLER ST.			8:	Street A	Address (P.O. Box Number is Not Accept	table)
2200 MUSEUM TOWER			"	0.,0017	Total Co. Dox North El 19 Not Accept	abley
MIAI	MI FL 33130		8:	3		
			84	City		85 Zip Code
				′		FL
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statu Itale of Florida, Such change was	ites, the abo	ve-named	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of changing its registered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, F	lorida Statute	98.	indicated a board of aircolors, I hereby the	populate appointment as registered
SIGNATURE						
10	Signature, typed or printed name of registers	d agent and title if applicable (NC AND DIRECTORS	TE flogistered A	pent signature	required when reinstating)	DATE DIDECTORS IN 40
12.	D	DELETE			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	LOGUE, JAMES A		1.2 NAME			C Change
STREET ADDRESS 8603 S. DIXIE HWY., SUITE 409			1 ADORESS			
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-			
TITLE	D DELETE		2.1 TITLE	31-26		Change Addition
NAME	LOGUE, MARGARET L		2.2 NAME			
STREET ADDRESS	8603 S. DIXIE HWY., SUITE	409	2.3 STRE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAMI FL 33143		2 4 CITY			
TITLE	t □ DELETE		3 1 1mle			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	1		3 3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE	DELETE 4		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		i
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP		·	4.4 CITY	S1 - ZIP		
TITLE		☐ DELETC	5.1 11TLE	į		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STRE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE	÷	☐ DELETE	61 TITLE			Change Addition
NAME	•		6.2 NAME	l		1
STREET ADDRESS			6.3 S1RE	et address		1

14. Ido 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.