

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000065954 (7)

1. Corporation Name

LOGO-LOCO, INC.

Principal Place of Business

**P.O. BOX 16298
PLANTATION FL 33318**

Mailing Address

**P.O. BOX 16298
PLANTATION FL 33318**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 SAME N/A

2a. Mailing Address

26 SAME N/A

4. FEI Number

65-0526615

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELBAUM, R E
801 PONCE DE LEON BLVD.
PENTHOUSE SUITE
MIAMI FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WALSH, THOMAS F**
STREET ADDRESS **2409 DESOTO DR.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33301**

TITLE **D**
NAME **HEMMINGER, DARRYL J**
STREET ADDRESS **2695 NE 15TH ST.**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

TITLE **D**
NAME **JOHNSON, A G JR**
STREET ADDRESS **5530 THROUGHRED LANE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DARRYL J. HEMMINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95
DATE

**1-800-5PS
(205) 1141**
TELEPHONE NUMBER