

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

FILED
Jul 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000005777

1. Corporation Name
Logicoor, INC
33 S.W. 14th Ave
Boca Raton, FL 33486

Principal Place of Business: Mailing Address:

SAME

DO NOT WRITE IN THIS SPACE

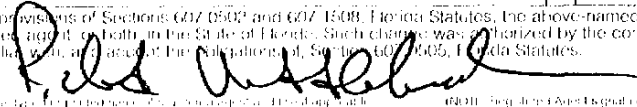
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified	4. FEI Number 65-0636568	Applied for Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent Richard Middlebrook 33 S.W. 14th Ave Boca Raton, FL 33486	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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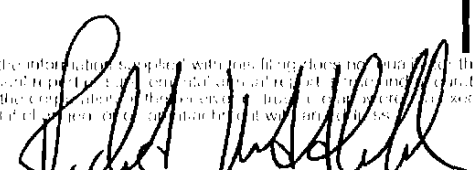
10. Name and Address of New Registered Agent	85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 agree to the provisions of Sections 607.0503, Florida Statutes.

SIGNATURE:  Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	RICHARD MIDDLEBROOK	12 NAME	
STREET ADDRESS	33 S.W. 14th Ave	13 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL 33486	14 CITY-STATE-ZIP	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not contain the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true, correct and reflects the current and accurate state 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 in this event. I, the undersigned, declare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is otherwise indicated with an asterisk.

SIGNATURE:  Date: 6/15/98
200002590332
-07/16/98-01005-046
***150.00
561-702-0514

CR2E034 (10/97)