PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700039985

1. Corporation Name

LOGUS INFORMATION SYSTEMS CORP.

Principal Place of Business

Mailing Address

10903 CRESCENDO CIRLCE

10903 CRESCENDO CIRLCE

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 002 ***150.00



OCA RATON FL 33498		BOCA RATON FL 33498				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		-	
					•	05/06/1997			
, Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For			
1		26			65-0753061	[Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- :	5. Certificate of Status Desired		\$8.75 Additional	
	,	27				5. Certificate of Ottatus Desired	F€	e Required	
City & State		City & State				6. Election Campaign Financing	\$5	.00 May Be	
]		28				Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Cor	untry	•	8. This corporation owes the current year In	tangible		
.]	25	29	30			Personal Property Tax.	☐ Yes	i □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
				81	Name				
BROWN, DANIEL					O LA (Inc. (DO D. Al. La in N. (Acceptable)				
			82	82 Street Address (P.O. Box Number is Not Acceptable)					

BOCA RATON FL 33498

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.

210	ALC:	T.	100

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PVST	DELETE	1.1 TITLE	PRESIDENT		Change	☐ Addition
NAME	BROWN, DANIEL		1.2 NAME	SROWN, DANIEL			,
STREET ADDRESS	10903 CRESSEYD CIR		1.3 STREET ADDRESS	10903 CRESCEND	O CIR.		
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP	BOLDRATON, FL &	33498		1
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	er f	- •	2,4 CITY-ST-ZIP	٠			:3
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3,3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	□ Addition
NAME	· ·		4, 2 NAME				
STREET ADDRESS	•		4,3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5,3 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	र क्षत्री हम् विभिन्न		6.3 STREET ADDRESS				
. j 4			RACITY-ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE: