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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S01717

LOGICAL BUSINESS SOLUTIONS CORPORATION

Principal Place of Business Mailing Address 9162 86TH AVENUE NORTH 9162 B6TH AVENUE NORTH P. O. BOX 7226 P. O. BOX 7226 DO NOT WRITE IN THIS SPACE **SEMINOLE FL 3464**5 SEMINOLE FL 34645 3. Date Incorporated or Qualified 09/24/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 507 S DELAWARE 507 5 Suite, Apt. #, etc. 59-3031658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible HILLSBORD 30 HILLIBORD Yes Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name HOUCK, SANDRA L. 9162 86TH AVENUE NORTH 82 **LARGO FL 34647** 83 84 AMPA 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 holt, in the State of Iorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familifir with, and accept the chligations of, Segtion 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE HOUCK, SANDRA L. 1.2 NAME NAME 9162 86TH AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE DST 2.1 TITLE HOUCK, LINDY NAME 2.2 NAME 9162 86TH AVENUE NORTH STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2 4 CHY-SI-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TOLE Addition

14. Thereby 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 supplierrental 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 application.

4. 2 NAME

51 TILLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

DELETE

DELETE

Change

Change

☐ Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State