SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V19 1. Corporation Name V19 LOGICAL CONCEPTS, INC.

(7)

## FILED Jul 22 1998 8:00am Secretary of State

LOGICA	L CONCEPTS, INC.					4 PROM BITORIA MATO (BATO (BAT) 1878) (URA BIRA)	IDIO BIDIA DIDIO DEDIE BERIO EDDI
Principal Place of Business Mailing Address							läite ätert erett ätett ätett 1891
1919 N. STATE RD. 7 1919 N STATE RD. 7							
#105 #105 MARGATE FL 33063 MARGATE FL 33063						DO NOT WRITE IN THIS	SPACE
US US						3. Date Incorporated or Qualified	70.702
						03/05/1992	
2. Principal Place of Business 2a. Mailing Address					<del></del>	4. FEI Number	Applied For
21		26				65-0322304	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry		B. This corporation owes or has paid the cur	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent
	ERS, STEPHEN L			"	Martie		
	N. STATE RD 7		82		Street Addres	ss (P.O. Box Number is Not Acceptable)	
	E 105	•	ļ	83			1
MAR	GATE FL 33063			03			
				84	City	F-1	85 Zip Code
44 0	14- H	FOO COT 4500 Fig. (d. 6)		Ш		FL.	• 1 1
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.							
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE					<del></del>		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE Register	red Age	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECTORS IN 12
TITLE	D	DELETE	1,1 111	LE		ADDITIONAL TO CONTINUE A	Change Addition
NAME	ROGERS, STEPHEN L	ן טנננונ	1.2 NA		}		Citange L Addition
STREET ADDRESS	1919 N STATE RD. 7 STE. 1	05			ADDRESS		ì
CITY-ST-ZIP	MARGATE FL	••	1.4 CIT				
TITLE	William	DELETE	2.1 TIT		-		Change Addition
NAME	C Dece is			2.2 NAME			Change L Addition
STREET ADDRESS					ODRESS	,	
CITY-ST-ZIP			2.4 CIT				1
TITLE	По			3.1 TITLE			Change Addition
NAME	سے مددرات		3.2 NA	3.2 NAME			LI CHARGO LI ANDROIT
STREET ADDRESS					DDRESS		
CITY-ST-ZIP			3.4 CIT				
TITLE		DELETE	4.1 TIT				Change Addition
NAME		Enter American I for	4.2 NA	ME			
STREET ADDRESS					DDRESS		
CITY-ST-ZIP			4.4 CIT				1
TITLE		DELETE	5.1 T(T)				Change Addition
NAME			5.2 NA	ME	}		Line Control Land Florida
STREET ADDRESS			5.3 STF	REETA	DORESS		
CITY-ST-ZIP			5.4 CIT				
TITLE		DELETE	6.1 TIT				Change Addition
NAME			6.2 NA	ME			
STREET ADDRESS	•		6.3 STF	REETA	DDRESS		ļ
CITY-ST-ZIP	} _		£4 CIT	Y-ST-Z	ZiP		
4.5							

I hereby certify that the information supplied with this filip; 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 upport 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 on the receiver of trustee employered 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 attachager with an address.

SIGNATURE. Sendal 7/11/9

CR2E034 (5/98)