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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

WILLIE LOGAN, INC.

DOCUMENT #
1. Corporation Name

V21417

(3)

**FILED** May 01 1996 8:00 am Secretary of State

Principal Place of Business	Mailing Address	

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2481 NW 152 OPA LOCKA			81 NW 152ND TER PA LOCKA FL 33054	4			1				
								Date Incorporated or Qualified 03/16/1992	3a. Date	e of Last <b>07/19/</b>	
2. Principal Plac	ce of Business	2a. Ma	ailing Address				4.	FEI Number			Applied For
21 18870 NW 53 Place			6			<b>65-03 18560</b> Not Applical					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22 Miami, FL 33055			1			Fee Required					
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
28			© Country			R. This corporation has liability for intangible tax under s 199.032,					
	Zip Country Zip				Fiorida Statutes Yes No					ax under	s 199.032,
24	ed Agent	130]	10. Name and Address of New Registered Ager				Agent				
	g. 144110 p.14 11551555 51 44110				31	Name					
LOGAN	JR, WILLIE				_						
	W 152ND TER			1	32	Street Add	iress (P	.O. Box Number is Not Acceptab	ie;		
	OCKA FL 33054			1	33						
OF A LC	JONA 1 E 33034										
•				1	84	City			FL	85	Zip Gode
11. Pursuant to or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric i, and accept the obligations of, Secti	anc 607.19	508, Florida Statute lange was authorize	es, the aboved by the co	L o∙n orpc	amed corpo pration's boa	oration s ard of d	submits this statement for the pur lirectors. I hereby accept the appo		anging it s register	s registered office red agent. I am
familiar with	i, and accept the obligations of, Secti	on 607.050	05, Florida Statutes.	•							
SIGNATURE	signature, typed or printed name of registered agent	and litk if a mile	abl NO	1E Registered A		t signature requir	red when n	ne ristatino)	DATE		
12.	OFFICERS AN			13.	9	. cognitive respons		ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN 12
TITLE	PS		DELETE	1.17/1	LE.	P	/D/			Chang	
NAME	LOGAN, JR. W		-	1,2 NA	AE.		•	N, Jr. W			
STREET ADDRESS	2481 N.W. 152ND TERRACI	=				ADDRESS 24	481	NW 152 Terrace	9		
CITY-ST-ZIP	OPA LOCKA FL			1.4 CIT		Δ,	pa-1	Locka, FL			
TITLE	V		[ ] DELETE	2.17!						Chang	e 🔲 Addition
NAME	LOGAN, RUTH		_	2 2 NA	νſΈ						
STREET ADDRESS	2481 N.W. 152 TERR.			2.3 STF	REE I	ADDRESS					
CITY-ST-ZIP	OPA LOCKA FL			2401							
TITLE			T) DELETE	3 1 TIT			/s/1	D		X Chang	ge 🔲 Addition
NAME	LOGAN, LYRA		<del>-</del>	3.2 NAI	ME			N, LYRA			
STREET ADDRESS	18870 NW. 53 PLACE			3.3 ST	REET			0 NW 53 Place			
CITY-SI-ZIP	MIAMI FL			3.4 CIT				i, FL 33055			
TITLE			DELETE	4. 1 11			بالملقاب	<u>., </u>		☐ Chan	ge 🔲 Addition
NAME				4.2 NA	ME						
STREET ADDRESS				4.3 STF	REFT	ADDRESS					
CHY-ST-ZIP				4.4 CIT	Y-S	T-7IP					
THILE			DELETE	5 1 10				~~~~~	יכיני	Cnan	ge 🔲 Addition
NAME				5.2 NA	ME .	.		3000018: -05/08/96010	L ← Γ 11		
STREET ADDRESS				53.51	REET:	ADDRESS		***200.00	1100	JU	1 .01
CITY-ST-ZIP				5.4 CH				*** <u>\U.UU</u>		_,	1/1/10
THLE			DELETE	6 1 TI	-					Chan	Addition
NAME			_	6.2 NA	ME				`	J	W.
STREET ADDRESS						ADDRESS				i	<b>)</b> '
OITY OT THE				64.00							•

14. Ido 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:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie Logan, President (305) 623-9203