

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **591902** (2)

1. Corporation Name
4 SQUARE TRIANGLE, INC.



Principal Place of Business: **417 WEST GORE STREET P.O. BOX 568866 ORLANDO FL 32856**
Mailing Address: **417 WEST GORE STREET P.O. BOX 568866 ORLANDO FL 32856**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1978	04/17/1995
4. FEI Number	Applied For
59-2060494	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARCO, CARROL S 7130 S ORANGE BLOSSOM TRAIL #102 ORLANDO, FL 32809		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 607.050 and 607.150(1), Florida Statutes, the above named corporation gives 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 obligation of Section 607.050(1), Florida Statutes.

SIGNATURE _____ DATE _____		SIGNATURE _____ DATE _____	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEILAND, GEORGE <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	640 TREMONT ST	2. NAME	
STREET ADDRESS	SARASOTA, FL 00000	3. STREET ADDRESS	
CITY-ST-ZIP	VO <input type="checkbox"/> DELETE	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GARNER, ROGER E	5. TITLE	
NAME	1002 PARK LAKE DR	6. NAME	
STREET ADDRESS	ORLANDO, FL 00000	7. STREET ADDRESS	
CITY-ST-ZIP	STD <input type="checkbox"/> DELETE	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	THOMAS, KENNETH E	9. TITLE	
NAME	3317 WERBER ST	10. NAME	
STREET ADDRESS	ORLANDO, FL 00000	11. STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a supplement to annual registration fee 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 trustee or trustee 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. I am attaching with an affidavit.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 401-843-1492

CR2E034 (12/95)