

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 391879 (4)

1. Corporation Name
SQUIRE HILL, INC.



Principal Place of Business
2001 S. SEACREST BLVD.
BOYNTON BEACH FL 33435-6814

Mailing Address
2001 S. SEACREST BLVD.
BOYNTON BEACH FL 33435-6814

3. Date Incorporated or Qualified 11/29/1971	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1478544	Applied For 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	

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

9. Name and Address of Current Registered Agent BJORK, DOROTHY 2019-B S SEACREST BLVD BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 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.

SIGNATURE Dorothy E. Bjork, Sec'y/Director Merilyn E. Bjork 3/18/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNON, ROBERT	12 NAME	
STREET ADDRESS	2001 S. SEACREST BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	PRES DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIFILETTI, FRANK	22 NAME	John Reid
STREET ADDRESS	2023-C S SEACREST BLVD	23 STREET ADDRESS	2021 South Seacrest Blvd., Apt.A
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
TITLE	VP DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, HUGH	32 NAME	McGregor, Sandra
STREET ADDRESS	2037-C S SEACREST BLVD	33 STREET ADDRESS	2017-C S Seacrest Blvd.
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	
TITLE	T DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, HUGH	42 NAME	Dwyer, Anne
STREET ADDRESS	2037-C S SEACREST BLVD	43 STREET ADDRESS	2031-C South Seacrest Blvd.
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BJORK, DOROTHY	52 NAME	
STREET ADDRESS	2019-B S SEACREST BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	
TITLE	D DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATERA, JOSEPH	62 NAME	
STREET ADDRESS	2037-A S SEACREST BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Dorothy E. Bjork, Sec'y/DIRECTOR Merilyn E. Bjork 3/18/97 1-561-732-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)