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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41851

(9)

M-SQUARE ASSOCIATES, INC.

## **FILED** Mar 31 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						n indatede tivir bildet viskot vosibit bildet kson diskut bildet disekt diskut diskut diskut bildet bildet sost			
309 N CENTRAL AVE. VALLEY STREAM, N. Y. 11580  VALLEY STREAM, N. Y. 11580				511					
.,,,						3. Date Incorporated or Qualified 06/25/1981		ate of Last 1/18/1990	
2. Principa	: Piace of Business	2a. Mailing A	ddress			4. FEI Number	<del></del>	A	Applied For
1		26				59-2185038			lot Applicabl
	pt. #, etc.	Suite, Ap	t #, etc.			5. Certificate of Status Desired	X		Additional Required
City & S	Pale	27   City & Sta	ale			6 Floring Connector Florence			<del></del>
3		28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	C	ountry	,	8. This corporation has liability for			
ı]	25	29	30			Florida Statutes	Yes	☐ No	
	<ol><li>Name and Address of Currel</li></ol>	nt Registered Age	nt			10. Name and Address of New Re	gistered	Agent	
	MINTZ, MARVIN			81	Name				
	3201 NE 14TH ST CSWY 204			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	POMPANO BCH, FL			83		, , , , , , , , , , , , , , , , , , ,			
3	33062			03					
				84	City		FL	85 Zip	Code
12.		ID DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	
DITLE	DPT			1 TITLE					
AME	MINTZ, MARVIN	B./	1.3	2 NAME					
TREET ADORES					ADDRESS				
(1 Y - 51 - 71F TLE	POMPANO BEACH, FL 0000			4 CITY - S 1 TITLE	IT-ZIP			Change	Additi
TLE AME	MINTZ, KENNETH	L.		2 NAME					
THUFT ACOURES	400 LIDERT BELL OCHET		1		ADDRESS				
HY-ST-ZIP	NORTH BRUNSWICK NJ			4 CITY-					
TLF	S	L	DELETE 3.	1 TITLE				Change	Additi
AME	MINTZ, MARVIN		3.	2 NAME					
TREET ADDRES			3.	3 STREET	ADDRESS				
11 - ST - 7IP	POMPANO BEACH FL			4. CITY-	\$7-ZIP			Change	Additio
IILE		L		t TITLE	-			Change	
AME Thee Laodres	98			2 NAME 2 STREET	ADDRESS				
intri Adunci ITV-ST-ZIP	20			4 CITY - S	i				
11.E				TITLE				Change	Additio
IAME			5.	2 NAME					
STREET ACOUNT	ss		5.	3 STREET	ADDRESS				
ITY-ST-78				4 CITY - S	ST-ZIP				
ITE		Ĺ.		1 TITLE				Change	Addition
VAME				2 NAME					
STREET ADDRES	58				ADDRESS				
C(1) - S1 - Z(P)	İ		<b>#</b> 6	4 CITY-5	ii-71P I				

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 trustge 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:**