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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # F 73579 (OLD ONE)

1. Corporation Name

FOUR SQUARE PROPERTIES INC.

Principal Place of Business	Mailing Address
110 E. BOCA RATON RD. P.O.BOX 4024 BOCA RATON, FL. 33429	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1982	3a. Date of Last Report: 6/30/94
4. FEI Number: 59-2232421	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 110 E. Boca Raton Rd.	26 P.O.Box 4024
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Fl.	City & State 28 Boca Raton, Fl.
Zip 24 33432 Country 25 U.S.A.	Zip 29 33429 Country 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELBY, JOY A. 110 E. BOCA RATON RD. BOCA RATON, FL. 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S/T	11 TITLE	☐ Change ☐ Addition
NAME	Selby, Joy	12 NAME	
STREET ADDRESS	110 E. Boca Raton Rd.	13 STREET ADDRESS	
CITY ST ZIP	Boca Raton, Fl. 33432	14 CITY ST ZIP	
TITLE	D/V	21 TITLE	☐ Change ☐ Addition
NAME	Selby, Faith A.	22 NAME	
STREET ADDRESS	110 E. Boca Raton Rd.	23 STREET ADDRESS	
CITY ST ZIP	Boca Raton, Fl. 33432	24 CITY ST ZIP	
TITLE	D/P	31 TITLE	☐ Change ☐ Addition
NAME	Selby, Brent	32 NAME	
STREET ADDRESS	110 E. Boca Raton Rd.	33 STREET ADDRESS	
CITY ST ZIP	Boca Raton, Fl. 33432	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do 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)(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: Joy A Selby 4/29/95 407-368-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone