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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001734

1. Corporation Name

95 MARKET SQUARE, INC.

Principal Place	e of Business	Mai	ling Address							
139 SAGG ROAD			BOX 9002							
SAGAPONACK I		SAG	SAGAPONACK NY 11962							
US		US					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualit	fed		ļ
							04/08/1996			ļ
2 Principal P	lace of Business	2a	Mailing Address				4. FEI Number	-	Ap	plied For
<b>—</b>	lace of business	<del>⊢</del> -1	maining rical coo				11-3313853		-	ot Applicable
21		26					11 00 10000		\$8.75	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	d []	Fee Re		
22			27							<del>·                                      </del>
City & State			City & State				6. Election Campaign Financi	<sup>ng</sup> □	\$5.00	
23		28					Trust Fund Contribution		Added 1	to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the	current year int	angible	
24	25	29	[	30			Personal Property Tax.		☐ Yes	□No
24	9. Name and Address of Curr				i		10. Name and Address of Ne	w Registered	Agent	
	3. Italia and Addiess of Gain	one region	<u> </u>		81	Name				
СТ	CORPORATION SYSTEM									
	SOUTH PINE ISLAND ROAD				82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
'										
PLAN	NTATION FL 33324				83					
										Cada
					84	City		FL	85 Zip (	Code
44 Dureyont	to the provisions of Sections 607.0	1502 and 60	7 1508 Florida Statute	s the at	hove	e-named corpo	oration submits this statement for	the purpose of	changing its	registered
l office or r	registered agent, or both, in the Sta	ite of Florida	a. Such change was au	uthorized	ı by '	tne corporatio	n's board of directors. I hereby ac	ccept the appoi	ntment as re	gistered
agent.la	m familiar with, and accept the obli	igations of, \$	Section 607.0505, Flor	ida Statı	utes.	•				
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi										
SIGNATIONE	Signature, typed or printed name of registered a	agent and title if	applicable. (NOTE:	Registered	Agen	t signature required		DATE		
12.	Signature, typed or printed name of registered a OFFICERS		TORS	Registered 13.	Agen	t signature required	ADDITIONS/CHANGES TO			
			<del></del>			t signature required			ID DIRECTO	DRS IN 12
12.	PSTD		TORS	13.	TLE	t signature required				
12. TITLE NAME	PSTD WOLFFER, CHRISTIAN	AND DIREC	TORS	13. 1.1 TII 1.2 NA	TLE AME					
12. TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	TORS	13. 1.1 TII 1.2 N/ 1.3 ST	TLE AME TREET	T ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFFER, CHRISTIAN	AND DIREC	CTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET TY-ST	T ADDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	TORS	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII	TLE AME TREET TY-ST	T ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	CTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET TY-ST	T ADDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	CTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TLE AME TREET TY-ST TLE AME	T ADDRESS			☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI	TLE TY-ST TLE TREET TLE TREET TREET TREET	T ADDRESS T-ZIP T ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TLE TY-ST TLE TREET TREET TREET TREET TTLE TREET TLE	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE TREET TY-ST TILE AME TREET TREET TITY-S TILE TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4, C	TLE  AME  TY-ST  TLE  AME  TREET  TY-ST  TLE  TREET  TY-ST  TLE  TREET  TY-ST  TLE  TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002	AND DIREC	DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE  AME  TY-ST  TLE  AME  TREET  TY-ST  TLE  TREET  TY-ST  TLE  TREET  TY-ST  TLE  TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.1 TT 4.2 N	TLE AME TY-ST TLE AME TREET TREET TLE AME TREET TLE TREET TLE AME TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 ST 1.4 CC 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TLE AME TY-ST TLE AME TREET TLE TREET TLE TREET TLE AME TREET TLE TLE TLE TLE TLE TLE TLE TLE TLE	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.4 CT 4.4 CT	TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-S TLE TY-S TLE TY-S TLE TY-S TLE TY-S TLE TY-S	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change ☐ Change ☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT	TLE TY-ST TLE AME TREET TY-ST TLE TTY-S TLE TTY-S TLE TTY-S TLE TTY-S TLE TTY-S TLE TTY-S TLE	T ADDRESS T-ZIP T ADDRESS TT-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change	Addition Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 2.4 C 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.4 CT 5.1 TT 5.2 NV	TLE  AME  TY-ST  TLE  AME  TREET  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE  TREET  TY-ST  TLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CC 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 4.4 CT 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 N/ 5.3 ST	TLE  AME TY-ST TLE  AME TREET TY-S TLE  TY-S TLE  TY-S TLE  TY-S TLE  TY-S TLE  TY-S TLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFFER, CHRISTIAN 139 SAGG ROAD, BOX 9002 SAGAPONACK NY	AND DIREC	DELETE  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI	TLE TY-ST TLE TY-ST TLE TREET TY-S TLE TREET TY-S TLE TREET TY-S TLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition

14. I 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 regelver 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 artischment with an address, with all other like empowered.

6.4 CITY- ST- ZIP

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CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90100 035 \*\*\*150.00