


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F98000001779 Corporation Name SPE SQUARE, INC.		

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90011 014 ***550.00

Principal Place of Business GRAND VIEW DEVELOPMENT COMPANY 300 MT. LEBANON BLVD., STE. 209C PITTSBURGH PA 15234	Mailing Address % GRAND VIEW DEVELOPMENT COMPANY 300 MT. LEBANON BLVD., STE. 209C PITTSBURGH PA 15234
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Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 25-1805702	
City & State		City & State		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		1009 Beaver Grade Rd., Ste. 230			
1.4 CITY-ST-ZIP		Coraopolis, PA 15108			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS		186 Castle Shannon Blvd., 2nd Fl.			
3.4 CITY-ST-ZIP		Pittsburgh, PA 15228			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS		1009 Beaver Grade Rd., Ste. 230			
4.4 CITY-ST-ZIP		Coraopolis, PA 15108			
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS		186 Castle Shannon Blvd., 2nd Fl.			
5.4 CITY-ST-ZIP		Pittsburgh, PA 15228			
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS		186 Castle Shannon Blvd., 2nd Fl.			
6.4 CITY-ST-ZIP		Pittsburgh, PA 15228			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: 

CR2E034 (5/99)