FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J15318 (5)

1. Corporation Name
SQUARE LAKE PLAZA, INC.

Principal Place of Business
PO BOX 8125
WEST PALM BEACH FL 33407

Mailing Address
PO BOX 8125
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8195 No. Mil Trl AND	26 Po Box
Suite, Apt. #, etc. 22 One Lillian Road	Suite, Apt. #, etc. 27
City & State 23 Palm Beach Gardens, FL	City & State 28 W. Palm Beach, FL.
Zip 24 33408 Country 25 U.S.	Zip 29 33407 Country 30 U.S.

3. Date Incorporated or Qualified: 05/21/1986
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2730252 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUSTANI, LEO R.
ONE LILLIAN ROAD
SQUARE LAKE
WEST PALM BEACH FL 33407

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUSTANI, LEO R.
STREET ADDRESS	ONE LILLIAN ROAD
CITY ST ZIP	WEST PALM BEACH FL
TITLE	SV
NAME	BUSTANI, MARY JO
STREET ADDRESS	ONE LILLIAN ROAD
CITY ST ZIP	WEST PALM BEACH FL
TITLE	T
NAME	BUSTANI, RICHARD G.
STREET ADDRESS	ONE LILLIAN ROAD
CITY ST ZIP	WEST PALM BEACH FL
TITLE	V
NAME	BUSTANI, CHRISTINA M.
STREET ADDRESS	ONE LILLIAN ROAD
CITY ST ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

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)(k), 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: Leo R. Bustani   Leo R. Bustani   April 28, 95   622-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0246169 CP