

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90020 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J15318

1. Corporation Name

SQUARE LAKE PLAZA, INC.



Principal Place of Business

8195 NO. MIL TRAIL AND  
ONE LILLIAN ROAD  
PALM BCH GARDENS FL 33408  
US

Mailing Address

PO BOX 8125  
WEST PALM BEACH FL 33407  
Due to Postal Theft.  
[Lo sed Box of 38 yrs

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1986

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. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8195 No. MIL TRAIL

Suite, Apt. #, etc.

22 Ste A

City & State

23 Palm Beach Gardens FL

Zip

24 33410

Country

25 Palm Beach

2a. Mailing Address

26 8195 No. MIL TRAIL

Suite, Apt. #, etc.

27 Suite A

City & State

28 Palm Beach Gardens FL

Zip

29 33410

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BUSTANI, LEO R.  
ONE LILLIAN ROAD  
SQUARE LAKE  
PALM BCH GARDENS FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8195 No. Military Trail

84 Suite A.

City

85 Palm Beach Gardens FL

Zip Code

33410

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 Leo R. Bustani  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 5, 99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P BUSTANI, LEO R.

STREET ADDRESS ONE LILLIAN ROAD

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME SV BUSTANI, MARY JO

STREET ADDRESS ONE LILLIAN ROAD

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME T BUSTANI, RICHARD G.

STREET ADDRESS ONE LILLIAN ROAD

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME V BUSTANI, CHRISTINA M.

STREET ADDRESS ONE LILLIAN ROAD

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Leo R. Bustani  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE JAN 5, 99 DAYTIME PHONE # 622-2710

CR2E034 (11/98)