

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

*Amended Annual Report*  
**FILED**

95 MAY 31 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # *J59705*  
1. Corporation Name *M SQUARE INC*

Principal Place of Business Mailing Address  
*27228 RAVENSBROOK RD.  
Wesley chapel, FL 33544*

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
*21 SAME 26 SAME*

4. FEI Number Applied For  
*00-9324853 Not Applicable*

Suite, Apt. #, etc. City & State  
*22 N/A 27 N/A*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
*23 28*

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
*24 25 29 30*

8. This corporation has liability for intangible tax under § 199.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
*Lenore D. Toole  
1023 FRONT ST.  
WELAKA, FLA. 32193*

10. Name and Address of New Registered Agent  
81 Name *ELIZABETH D. WILEY*  
82 Street Address (P.O. Box Number is Not Acceptable) *27228 RAVENSBROOK RD.*  
83  
84 City *Wesley chapel* FL 85 Zip Code *33544*

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 *Elizabeth D. Wiley* DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>PRES</i>
NAME	<i>ELIZABETH D. WILEY</i>
STREET ADDRESS	<i>27228 RAVENSBROOK RD.</i>
CITY, ST, ZIP	<i>Wesley chapel FL 33544</i>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>200001504062</i>
13 STREET ADDRESS	<i>-06/02/95--01007--009</i>
14 CITY, ST, ZIP	<i>*****61.25 *****61.25</i>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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 189, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth D. Wiley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR