

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90005 050 ***150.00

DOCUMENT # M89614

1. Corporation Name

SQUARE ONE STUART, INC.

Principal Place of Business

% COHEN. GERSHMAN & WAKIM. P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117

Mailing Address

% COHEN. GERSHMAN & WAKIM. P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1988

4. FEI Number

65-0070689

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 7000 W. Palmetto Park Rd.

Suite, Apt. #, etc.

22 408

City & State

23 Boca Raton, FL

Zip Country

24 33433 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27 Zip Country

28 33433 29 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME STEINMARK, FRED P.
STREET ADDRESS 3757 N.W. 52ND STREET
CITY-ST-ZIP BOCA RATON, FL

TITLE VD ☐ DELETE
NAME ROSEN, JONATHAN P.
STREET ADDRESS 40 EAST 69TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE STD ☒ DELETE
NAME ASHENFELTER, MARIA S.
STREET ADDRESS 7400 S.W. 13TH STREET
CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE CD ☐ DELETE
NAME KONOVER, SIMON
STREET ADDRESS 51 TUMBLEBROOK LANE
CITY-ST-ZIP WEST HARTFORD CT

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 VP ☐ Change ☒ Addition
1.2 NAME Richard C. Liljedahl
1.3 STREET ADDRESS 2410 Albany Avenue
1.4 CITY-ST-ZIP West Hartford, CT 06117

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Jane K. Coppa
3.3 STREET ADDRESS 2410 Albany Avenue
3.4 CITY-ST-ZIP West Hartford, CT 06117

4.1 TITLE C/P/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7000 W. Palmetto Park Rd.
4.4 CITY-ST-ZIP Boca Raton, FL 33433

5.1 TITLE Secretary ☐ Change ☒ Addition
5.2 NAME James Wakim
5.3 STREET ADDRESS 2410 Albany Avenue
5.4 CITY-ST-ZIP West Hartford, CT 06117

6.1 TITLE Assistant Secretary ☐ Change ☒ Addition
6.2 NAME Susan W. Vinhais
6.3 STREET ADDRESS 2410 Albany Avenue
6.4 CITY-ST-ZIP West Hartford, CT 06117

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

860-232-4545

Date

Daytime Phone #

CR2E034 (11/98)