FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P02929** **(8)**

1. Corporation Name

MARKET SQUARE, INC.

Principal Place of Business	Mailing Address
227 S. CALHOUN STREET P.O. BOX 391 TALLAHASSEE FL 32302	227 S. CALHOUN STREET P.O. BOX 391 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: **08/03/1984**

3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business
21 1415 Timberlane Rd.
Suite, Apt. #, etc.
22 Suite 217
City & State
23 Tallahassee, Fl
Zip 24 32312 Country 25 Leon

2a. Mailing Address
26 1415 Timberlane Rd.
Suite, Apt. #, etc.
27 Suite 217
City & State
28 Tallahassee, Fl
Zip 29 32312 Country 30 Leon

4. FEI Number: **98-0064507** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEEKER, VAN P.
227 SOUTH CALHOUN ST
TALLAHASSEE FL 32301

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 of an officer or director of the corporation or the receiver or trustee empowered to execute this report. NOTE: If registered agent signature required, must be typed. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, IZAAK	1.2 NAME	
STREET ADDRESS	LLOYD G. SMITH BLVD. 12	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARUBA, NETH ANTILLES	1.4 CITY-ST-ZIP	
TYPE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MAXE GRETE	2.2 NAME	
STREET ADDRESS	LLOYD G. SMITH BLVD. 12	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARUBA, NETH ANTILLES	2.4 CITY-ST-ZIP	
TYPE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRONA, WILLIAM	3.2 NAME	
STREET ADDRESS	2727 APALACHEE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: [signature] 2/2/96 (904) 878-6189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #