SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000052867 (7)**

1. Corporation Name
SQUARE ONE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P O BOX 14430 TAMPA FL 33690	P O BOX 14430 TAMPA FL 33690

2. Principal Place of Business 21 10824 ERIE RD 22 Suite, Apt. #, etc. 23 City & State: PARRISH FL. 24 Zip: 34219 25 Country: USA	2a. Mailing Address 26 P.O B 184 27 Suite, Apt. # etc 28 City & State: PARRISH FL. 29 Zip: 34219 30 Country: USA

3. Date Incorporated or Qualified: 07/26/1993	3a. Date of Last Report: 07/25/1995
4. FEI Number: 59-3022301	☐ 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

HENSLEY, HUGH R
13902 N DALE MABRY
STE. #180
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: THOMAS J. HEITZMAN
82 Street Address (P.O. Box Number is Not Acceptable): 10824 ERIE RD.
83
84 City: PARRISH FL 85 Zip Code: 34219

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: THOMAS J. HEITZMAN, Thomas J. Heitzman 6-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	GOEHRING, KEVIN S		12 NAME	
STREET ADDRESS	P O BOX 14430 N/A		13 STREET ADDRESS	10824 ERIE RD
CITY-ST-ZIP	TAMPA FL 33690		14 CITY-ST-ZIP	PARRISH FL. 34219
TITLE	TV	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	HENSLEY, HUGH R		22 NAME	
STREET ADDRESS	13902 N. DALE MABRY #180		23 STREET ADDRESS	2815 OLD BAYSHORE WAY
CITY-ST-ZIP	TAMPA FL 33690		24 CITY-ST-ZIP	TAMPA FL. 33611
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BURGOS, PAUL		32 NAME	
STREET ADDRESS	406 W AZEELE ST 504		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Thomas J. Heitzman THOMAS J. HEITZMAN 6/12/96 941-776-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #