

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P93000054347**  
Corporation Name  
**SQUARE ONE MARKETING, INC.**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90007 036 \*\*\*550.00

Principal Place of Business  
**1 E. PALMETTO PARK ROAD  
CA RATON FL 33432**

Mailing Address  
**25 CANTERBURY RD  
ROCHESTER NY 14607  
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0432946</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>COHEN, PATRICIA V. 318 EAST PALMETTO PARK ROAD 318 E. PALMETTO PARK ROAD BOCA RATON FL 33432</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1650 S. DIXIE HWY - 4th floor (Suite 403)</b>	
				83	
				84 City	
				85 Zip Code <b>FL</b>	

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 *Patricia V. Cohen* (NOTE: Registered Agent signature required when reinstating) DATE **8/31/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSD KELLER, GREG MILL ROAD ROCHESTER NY 14626	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPT KELLER, LUCY 184 MILL RD ROCHESTER NY 14626	<input type="checkbox"/> DELETE	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<b>165 Arledge Drive</b>
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<b>Rochester, NY 14616</b>
	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<b>165 Arledge Drive</b>
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<b>Rochester, NY 14616</b>
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE *Patricia V. Cohen* **SIGNATURE REQUIRED**

**Aug 30/99 7164425910**

CR2E034 (5/99)