

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031102 (4)

1. Corporation Name
SEW IT, INC.

Principal Place of Business

C/O MARK PERLMAN P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

C/O MARK PERLMAN P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 C/O STEFAN HARARY
Suite, Apt. #, etc.
22 1980 S. OCEAN DR. 18H
City & State
23 HALLANDALE FL
Zip
24 33009 Country
25 Broward

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0500022

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PERLMAN, MARK
C/O MARK PERLMAN P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0509 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HARARY, CHARLOTTE
19355 NE 36TH CT APT 14E
AVENTURA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
HARARY, STEFAN
19355 NE 36TH CT APT. 14E
AVENTURA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CHARLOTTE HARARY CHARLOTTE
1980 S. OCEAN DR. 18H
HALLANDALE FL 33009

STD
HARARY STEFAN
1980 S. OCEAN DR. 18H
HALLANDALE FL 33009

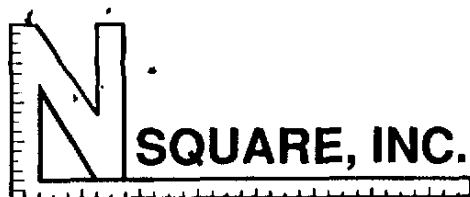
600002314826-000
-10/08/97--01051--001
****165.00 ****165.00

14. I do 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 and authorized 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 a full address.

SIGNATURE

[Signature]

CR2E034 (4/97)



GENERAL CONTRACTOR
CGC0A5302

RENOVATION, REMODELING & NEW CONSTRUCTION

405 FIFTH AVENUE SOUTH, SUITE 8
NAPLES, FLORIDA 34102
(941) 403-9191
FAX (941) 403-9136

September 18, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Subject: 1997 Profit Corporation Annual Report

As instructed during a recent phone call to Leslie of your office we are sending this letter of explanation regarding our late filing of this report. We received our packet to file our annual report after the deadline for the \$165. The packet was sent to an incorrect address. The address listed on the Packet has never been one of our addresses.

Therefore, as your office instructed we have submitted with this letter, our packet and a check for \$165. If you have any questions please call our office (941) 403-9137.

Sincerely,

Nsquare, Inc.

A handwritten signature in cursive script, appearing to read 'Matt H. Nolton', is written over the printed name.

Matt H. Nolton
President