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.)

(1)

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	Mailing Address
C/O MARK PERLMAN P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009	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	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1980 S. OCEAN DR. 18H	Suite, Apt. #, etc. 27
City & State 23 HALLANDALE FL	City & State 28
Zip / Country 24 33009 / 25 BROWARD	Zip / Country 29 / 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 **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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARARY, CHARLOTTE 19355 NE 36TH CT APT 14E AVENTURA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ~~CHARLOTTE~~ HARARY CHARLOTTE 1980 S. OCEAN DR. # 18H HALLANDALE FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HARARY, STEFAN 19355 NE 36TH CT APT. 14E AVENTURA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD HARARY, STEFAN 1980 S. OCEAN DR. 18H HALLANDALE FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600002314826--8 -10/08/97--01051--001 ****165.00 ****165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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: _____

GENERAL CONTRACTOR
CGC0A5302

NSQUARE, INC.

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.

Matt H. Nolton
President