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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000065069 (4)

SQUEEGE INC.

FILED 96 SEP 23 AM 8: 43

Principal Place	of Business	Malling Address			
231 N.E. 43RD FORT LAUDERI		231 N.E. 43RD ST FORT LAUDERDALE FL 3333			
				3. Date Incorporated or Qualified 09/02/1994	3a. Date of Last Report 08/09/1995
2. Principal Pla	ace of Business NE 4th Terrace	2a. Mailing Address 26 5372 NE 4tl	h Terrace	4. FEI Number 65-0514157	Applied For Not Applicable
Surte, Apt. #	J, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Lauderdale, FL	City & State 28 Fort Laude	rdala El	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33334	Country	Zip 33334 3	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🔀 No
<u>:41</u>	9. Name and Address of Curre		XI	10. Name and Address of New Re	gistered Agent
1201	RPORATION SERVICE COMPAI 1 HAYS ST. LAHASSEE FL 32301	YY	B2 Street A	ewis Vincent Iddress (P.O. Box Number is Not Acceptate 372 NE 4th Terrace	I85 Zip Code
,			F	ort Lauderdale, orporation submits this statement for the p	FL 33334
office or re accent. Lar	n the provisions of sections 007.05 egistered agent, or both, in the State of familiar with and accept the obli	e of Florida. Such change was authoritions of Section 507.0505, Florid	norized by the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	the appointment as registered
SIGNATURE .	Action /	me	i		9/17
SIGNATURE	Signstore hyped or professionance of reportered as	geni and tile il applicable. (NOTE 4	Registered Agent signature r	equired when re-estating)	70/E
SIGNATURE	S yestine hypediol perfect hanve of rountreed a OFFICERS A	me	i	required when reinstating) ADDITIONS/CHANGES TO OFFK	DEFE AND DIRECTORS IN 12
SIGNATURE	S yes ac typed of period rame of refered a OFFICERS A	goni and tile if applicable. (NOTE: 9 ND DIRECTORS	Registered Agent signature in	equired when re-estating)	DEPS AND DIRECTORS IN 12
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made under oath, that I am an officer or director of the corporation of the receiver of frustee empowered to execute this report as required by that my name appears in Block 12 or Block 11 of changed of or an attachment with amy doress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR