## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000002822

1. Corporation Name SQUARE K. INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90070 015 \*\*\*150.00



Principal Place of Business Mailing Address					- I ) Marinda ing 1818+ Britt Bott Editi gent gent de	114 11881 18119	11818 1181 1881
4401 N. DIXIE HIGHWAY OAKLAND PARK FL 33334		4401 N. DIXIE HIGHWAY OAKLAND PARK FL 33334		DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualifed	11 AGE	
					01/11/1995		į
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	26			65-0546368	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip			8. This corporation owes the current year Inta		
24	25	29 30	)		T Claulai i Toporty Tax.	₩ Yes	□No
ļ	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registered A	.gent	
KHAI	N, ANAMUL H		*'	Name			
4401 N. DIXIE HIGHWAY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LAND PARK FL 33334		83	<u></u>			
	D 410 17411.1 E 0000 1		00		·		
		•	84	City	. FL	85 Zip (	Code
44 Durayant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	a-named como	protion submits this statement for the numose of o	hanging its	registered
office or r	edistered agent or both in the State.	of Florida, Such change was auth	iorized by	the comoration	n's board of directors. I hereby accept the appoin	tment as re-	gistered
_	m familiar with, and accept the obliga	tions of, Section 607.0303, Florida	a Statutes				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ager	it signature required	when reinstating) DATE		<del></del> }
12.		ID DIRECTORS	13.	<del> •</del>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	KHAN, ANAMUL H		1.2 NAME				
STREET ADDRESS	18706 SEA TURTLE LANE		1.3 STREE	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-S	T-ZIP			C A delica-
TITLE	VΤ	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	KHAN, WAJED A		2.2 NAME				
STREET ADDRESS	18706 SEA TURTLE LANE		2.3 STREE				
CITY-ST-ZIP	BOCA RATON FL 33498			ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			CT cuande	
NAME			3.2 NAME		•		ļ
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-ZIP		[] Change	Addition
TITLE		- Occept	4.2 NAME				_
NAME			4.3 STREE	T ADDRESS			1
STREET ADDRESS			44 CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1 - a.JF		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.11		6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			•

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Kman Wind as SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR