. FILE	NOW: FILING FEE	AFIER MAT 1 18	φ220.00			
CORF	ROFIT PORATION AL REPORT	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State			
DOCUM		_				
1. Corporation	Name ER SQUARE PLAZA INC.	(,,		I JARAGASI MA JAHAJ AJHE BAJH I	nonii rolla dekit dolla ekil	B 11701 11891 1181 1881
Principal Place o	of Business	Mailing Address				
1420 MONTE CLEARWATER		1420 MONTE CARLO DR CLEARWATER FL 34624				
				3. Date Incorporated or Qualifie 01/17/1995	d 3a. Date of La	st Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	42 4	Applied For
1		26		174-3XM	404 <u>(</u>	Not Applicable 75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7 -	ee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Ζφ 2 φ	Country 25	Zip 29	Country 30	7,0.10.0	Yes 🔲 No	
	g. Name and Address of Curre		81 Name	10. Name and Address of Ne	w Registered Agent	
	Ne					
	NOU, GEORGE ONTE CARLO DR.	53 Springflower	Dr. 82 Street Add	ress (P.O. Box Number is Not Accep	otable)	
		navouter, Ft. 3462	3 83			
CLLT	VIII COMMENT	(Iwww./i i - i - i - i - i - i - i - i -	84 City		85	Zip Code
			1 1 '		FL 65	ite registered office
or registere	ed agent, or both, in the State of Flo	nda. Such change was authorized	, the above-named corpo by the corporation's boa	oration submits this statement for the and of directors. I hereby accept the a	appointment as regist	ered agent. I am
familiar wit	h, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.				
SIGNATURE.	Stynatoric, typical or printed matrix of registered age	nt and title if applicable (NOTE	Begistered Agent signature requir		DATE	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO (OFFICERS AND DIRE	nge Addition
THLF	D CTEDUANOU FUDIDIDES I	DELETE	. 1. 1 TITLE			CTORS IN 12 nge
NAM ²	STEPHANOU, EURIPIDES I 1420 MONTE CARLO DR.	-	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	CLEARWATER FL 34624		1.4 DITY - ST - ZIP			
1011	D	☐ DELETE	2 1 TITLE		☐ Cha	nge 🔲 Addition 🕻
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	I OLEADMIATED EL 94694		2 3 STREET ADDRESS			1
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6.4 CITY-SI-7IP

14. I do horseby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption staket in Section 119.07(3)(k). Fiorida 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 12 or Block 12 or non-an attachment with an address.

SIGNATURE:

SIGNATURE:

Day Market AND TY ED ON PRINTED NAMP OF SIGNING OFFICER ON DIRECTOR