

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000008540 (3)**

1. Corporation Name  
**D SQUARED ASSOCIATES, INC.**



Principal Place of Business: **518 36TH STREET WEST PALMETTO FL 34221**  
Mailing Address: **518 36TH STREET WEST PALMETTO FL 34221**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/27/1995	
4. FEI Number	Applied For
65-0557454	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 has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DUBOIS, RICHARD P</b> <b>518 36TH STREET WEST</b> <b>PALMETTO FL 34221</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when registered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P/T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD P DUBOIS</b>	1.2 NAME	<b>DOLORES B DUBOIS</b>
STREET ADDRESS	<b>518 36TH ST WEST</b>	1.3 STREET ADDRESS	<b>518 36TH ST. WEST</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	1.4 CITY-ST-ZIP	<b>PALMETTO FL. 34221</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>S/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>BARBARA RASLOVICK</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>112 WILLIAMS LANE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>HATBORO PA 19040</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Philip Dubois</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>30 BIRCHWOOD CIR</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>CHALFONT PA 18914</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Dolores B Dubois** **Dolores B. Dubois** 3/8/96 941-723-3622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Block 13)

CR2E034 (12/95)