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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P95000019987 (3)

| D-SQU  | ARED DESIGNS, INC.  |  |                                 |                                |   |                     |                                 |                             |
|--|---|--|---------------------------------|--------------------------------|---|---------------------|---------------------------------|-----------------------------|
| Principal Plac   | e of Business   | Mailing Address  |                                 |                                |   |                     |                                 |                             |
| 1006 EAGLE DRIVE<br>WINTER HAVEN FL 33881              |   | 1006 EAGLE DRIVE   |                                 | , DO NOT WRI                   | TE IN THIS  | S SPACE             |                                 |                             |
|  | ·   |  |                                 |                                | 3. Date Incorporated or Qualified   |                     | 701102                          |                             |
|  |   |  |                                 |                                | 03/09/1995  | -                   |                                 |                             |
| 2. Principal P   | lace of Business  | 2a, Mailing Address  |                                 |                                | 4. FEI Number   |                     | - I A                           | pplied For                  |
| 21   |   | 26   |                                 | 59-3301013                     |   | <del>- + ·</del>    | ot Applicable                   |                             |
| Suite, Apt. #, etc.                                    |   | Suite, Apt. #, etc.  |                                 | 1                              |   |                     | Additional                      |                             |
| 22   |   | 27   |                                 |                                | 5. Certificate of Status Desired  |                     |                                 | equired                     |
| City & State   |   | City & State   |                                 | 6. Election Campaign Financing |   | \$5.00              | May Be                          |                             |
| 23   |   | 28   |                                 | Trust Fund Contribution        |   |                     | to Fees                         |                             |
| Zip  | Country   | Ζιρ  | Country                         | /                              | B. This corporation owes or has   | paid the ci         | urrent year In                  | tangible                    |
| 24   | 25  | 29   | 30                              |                                | Personal Property Tax due Ju-   | ne 30.              | Yes [                           | □ No                        |
|  | g. Name and Address of Currer   | nt Registered Agent  |                                 | ,                              | 10. Name and Address of New I   | Registered          | J Agent                         |                             |
| DIE  | RKSHEIDE, ALLENE M  |  | 81                              | Name                           |   |                     |                                 |                             |
|  | 06 EAGLE DRIVE  |  | 82                              | Street Add                     | dress (P.O. Box Number is Not Accept  | able)               |                                 |                             |
|  | NTER HAVEN FL 33881   |  | L                               |                                |   |                     |                                 |                             |
|  |   |  | 83                              |                                |   |                     |                                 |                             |
|  |   |  | 84                              | City                           |   |                     | <b>85</b> Zip                   | Code                        |
|  |   |  | 07                              | Ony                            |   | FI                  |                                 | 0006                        |
| 11, Pursuant<br>office or r<br>agent. I a<br>SIGNATURE | to the provisions of Sections 607.050<br>registered agent, or both, in the State<br>im familiar with, and accept the oblig- | of Florida. Such change was<br>ations of, Section 607.0505, Fl | authorized by<br>orida Statute: | y the corpori<br>s.            | rporation submits this statement for the ation's board of directors. I hereby acc | purpose eept the ap | of changing if<br>ipointment as | ts registered<br>registered |
|  | Signature, typed or printed name of registered age  |  | E Rogistered Ag                 | ent signature req              | jured when reinstaling)   | DATE                |                                 |                             |
| 12.  | OFFICERS AN   |  | 13.                             | ———— <sub>Т</sub>              | ADDITIONS/CHANGES TO OFF  | FICERS AN           |                                 |                             |
| TITLE  | PT DELETE   |  | 1.1 THTLE                       |                                |   |                     | Change                          | Addition                    |
| NAME DIERKSHEIDE, DALE H                               |   |  | 1.2 NAME                        |                                |   |                     |                                 |                             |
| STREET ADDRESS 1006 EAGLE DRIVE                        |   |  | 1.3 STREET                      | ADDRESS                        |   |                     |                                 |                             |
| CITY-ST-ZIP  | WINTER HAVEN FL 33881   |  | 1.4 CITY - ST - ZIP             |                                |   |                     |                                 |                             |
| TITLE  | VS  | DELETE 2.1   |                                 |                                |   |                     | ☐ Change                        | Addition                    |
| NAME   | PILITION LIDE, FLOCUTE III  |  | 2.2 NAME                        | 1                              |   |                     |                                 |                             |
| STREET ADDRESS   | 1006 EAGLE DR   |  | 2.3 STREET ADDRESS              |                                |   |                     |                                 |                             |
| CITY-ST-ZIP  | WINTER HAVEN FL 33881   |  | 2. 4 CITY -                     | ST-ZIP                         |   |                     |                                 |                             |
| TITLE  | DELETE 3.1  |  | 3.1 TITLE                       |                                |   |                     | Change                          | Addition Addition           |
| NAME   | E   |  | 3.2 NAME                        |                                |   |                     |                                 |                             |
| STREET ADDRESS   | )DRESS  |  | 3.3 STREET                      | ADDRESS                        |   |                     |                                 |                             |
| CITY-ST-ZIP  |   |  | 3.4. CITY -                     | ST-ZIP                         |   |                     |                                 |                             |
| TITLE  |   | ☐ DELETE   | 4.1 TOTLE                       |                                |   |                     | ☐ Change                        | Addition                    |
| NAME   |   |  | 4 2 NAME                        |                                |   |                     |                                 |                             |
| STREET ADDRESS   |   | 4  |                                 | ADDRESS                        |   |                     |                                 |                             |
| CITY-ST-ZiP  |   |  | 4.4 City - St - ZiP             |                                |   |                     |                                 |                             |
| TITLE  |   | DELETE   | 5.1 TITLE                       | - T                            |   |                     | Change                          | Addition                    |
| NAME   |   |  | 5.2 NAME                        | 1                              |   |                     |                                 |                             |
| STREET ADDRESS   |   |  | 5.3 STREET                      | ADDRESS                        |   |                     |                                 |                             |
| CITY-ST-ZIP  |   |  | 5.4 CITY - S                    | ST-ZIP                         |   |                     |                                 |                             |
| TITLE  |   |  | 6.1 TITLE                       |                                |   |                     | ☐ Change                        | Addition                    |
| NAME   |   |  | 6.2 NAME                        | 1                              |   |                     |                                 |                             |
| STREET ADDRESS   |   |  | 6.3 STREET                      | ADDRESS                        |   |                     |                                 |                             |
| CITY.ST.7IP  |   |  | 6 A CITY - 9                    |                                |   |                     |                                 |                             |

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 an attachment with an address.

SIGNATURE.

**FILED** 

Jan 20 1998 8:00am

Secretary of State