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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037562

COLONIAL SQUARE, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90246 021 ***150.00



Principal Place	e of Business	Mailing Address				-	aniii anies i		8 AIIIN IIAI INDI
1655 DREXEL A		1655 DREXEL AVE STE 20	-						
MIAMI BEACH		MIAMI BEACH FL 33139					20405		
		•				DO NOT WRITE	: IN THIS	SPACE	
						3. Date Incorporated or Qualifed			1
	;					04/29/1996 4. FEI Number		1-1-7	li-d Can
	lace of Business	2a. Mailing Address	¬ • •				•	 	pplied For ot Applicable
21		Suite, Apt. #, etc.			65-0666109			Additional	
Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	equired	
22 \ \frac{1}{2} \ City & State	<u> </u>	City & State			6. Election Campaign Financing	-		May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country		Zip Country			8. This corporation owes the curren	t vear Inta	ngible	
24	25	29	30	•		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Re	gistered A	gent	
	·			81	Name	•			1
	ENBERG, JEFFREY		ŀ	82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
	DREXEL AVE STE 209			0.,000,710			·		
MIAN	WI BEACH FL 33139			83				•	
				84	City			85 Zip	Code
	4, 1				•	-	<u> </u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the at	ove-r	named corpo	oration submits this statement for the pun's board of directors. I hereby accept	urpose of c the appoin	thanging its	s registered egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statu	ites.	,o oo,po.a	,	, ,		
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SIGNATURE									
	Signature, typed or printed name of registered age			Agent s	signature required	when reinstating)	DATE CERS AN	DIRECTO	ORS IN 12
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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.

SIGNATURE: