


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000049278 (0)</b>					
1. Corporation Name <b>FOURSQUARE CORPORATION</b>					
Principal Place of Business <b>2802 PARADISE LAKES RD VERNON FL 32462</b>			Mailing Address <b>2802 PARADISE LAKES RD VERNON FL 32462</b>		
2. Principal Place of Business 21 <b>3189 PIONEER ROAD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. BOX 525</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/10/1996</b>	
22 City & State 23 <b>VERNON, FL</b> 24 <b>32462</b> 25 <b>US</b>		27 City & State 28 <b>VERNON, FL</b> 29 <b>32462</b> 30 <b>US</b>		3a. Date of Last Report <b>06/10/1996</b>	
9. Name and Address of Current Registered Agent <b>PARNELL, TOM L 3800 NW JERUSALEM RD VERNON FL 32462</b>		10. Name and Address of New Registered Agent 81 Name <b>ARVIN C. MOORE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3189 PIONEER RD.</b> 83 84 City <b>VERNON</b> FL 85 Zip Code <b>32462</b>			
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 <i>Arvin C. Moore</i> <b>ARVIN C. MOORE</b> <b>APRIL 21, 1997</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS D <b>PARNELL, TOM L</b> <b>2802 PARADISE LAKES RD</b> <b>VERNON FL 32462</b> <input checked="" type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D <b>MOORE ARVIN C.</b> <b>3189 PIONEER ROAD</b> <b>VERNON, FL 32462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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.					
SIGNATURE: <i>Arvin C. Moore</i> <b>ARVIN C. MOORE</b> <b>APRIL 21, 1997</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CR2E034 (9/96)