PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008156

1. Corporation Name

SQUARE ONE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90069 028 ***150.00



3801 NORTH STATE ROAD 426 GENEVA FL 32732 GENEVA FL 32732 GENEVA FL 32732					•		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/14/1997		1
2. Principal P	ace of Business	2a. Mailing Address	_		4. FEI Number	A	oplied For
	O OLO MIMS	BOAD 26 1320 OLD	MIMS	ROAD	59-3423602	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired
27					6. Election Campaign Financing	\$5.00	May Bo
23 GENZUA, FL 28 GENZUA, F					Trust Fund Contribution	Added to Fees	
Zip _	Country	Zip	Country		8. This corporation owes the current year Int		
24 <i>32'</i>			30 SEM	INOLE	Personal Property Tax.	Yes	□No
	9. Name and Address of	Current Registered Agent	81	, Name	10. Name and Address of New Registered	Agent	
I TELYONANTY NYANI BA				Name			
LEFKOWITZ, IVAN M 430 N. MILLS AVENUE				Street Add	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803							
			. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS 1:				<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	P:	STO	Change	☐ Addition }
NAME	SERGI, MICHAEL		1.2 NAME	- •	SERGI MICHAEL	•	1
STREET ADDRESS 3601 N STATE ROAD 426			1.3 STREE	TADDRESS 1.3	120 OLO MIMS KOHO		
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY-5	ST-ZIP	SERGY MILLIMS ROAD SENEUA, FL 32732		
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			İ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME:			3.2 NAME		,		
STREET ADDRESS			3.3 STREE	TADDRESS		-	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		□ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLÉ		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	144 - 1770 J. J. 1843 1871 - 1444		5.2 NAME				
STREET ADDRESS	441.4		5.3 STREE	T ADDRESS			ł
CITY-ST-ZIP			5.4 CFTY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
\			6.3 STREE	T ADDRESS			ļ
STREET ADDRESS	l		•				

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: