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 # **L55841** **(5)**

1. Corporation Name

CIRCA TELECOM U.S.A., INC.

Principal Place of Business	Mailing Address
9635 DENTON AVENUE **HUDSON FL 34667**	**P.O. BOX 1100** **CALGARY. ALBERTA T2P 2K9** **CANADA**

3. Date Incorporated or Qualified: **03/07/1990**	3a. Date of Last Report: **10/18/1995**
4. FEI Number: ~~52-1687116~~ **59-3004578**	☐ Applied For ☐ 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 ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MILLER, STANLEY M
748 BROADWAY
SUITE 201
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 _____ (Signature, Typed or Printed Name of Registered Agent & Title, if applicable) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, IVAN W.	12 NAME	
STREET ADDRESS	#14 700-58 AVENUE S.E.	13 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, AB, CANADA T2H2E2	14 CITY-ST-ZIP	
TITLE	O ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PAGNOZZI, ERNEST A	22 NAME	
STREET ADDRESS	7321 OAKSHIRE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	24 CITY-ST-ZIP	
TITLE	O ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DEMAURO, VINCENT	32 NAME	
STREET ADDRESS	13120 SHADBERRY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	34 CITY-ST-ZIP	
TITLE	O ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DERASMO, DAN	42 NAME	
STREET ADDRESS	3215 PHLOX DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	44 CITY-ST-ZIP	
TITLE	O ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Allan Fowler	52 NAME	
STREET ADDRESS	P.O Box 1100	53 STREET ADDRESS	
CITY-ST-ZIP	Calgary Alberta Canada T2P 2K9	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ ALLAN FOWLER JAN 29/96 (403)571-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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