

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L55841**

1. Corporation Name

CIRCA TELECOM U.S.A., INC.

Principal Place of Business

**9835 DENTON AVENUE
HUDSON FL 34667**

Mailing Address

**P.O. BOX 1100
CALGARY, ALBERTA T2P 2K9
CANADA**

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90013 019 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1990

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **9835 Denton Ave.**

27 Suite, Apt. #, etc.

28 City & State

Hudson, FL

29 Zip

34667

30 Country

Pasco

4. FEI Number

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 owes the current year
Intangible Personal Property.

☒ Yes

☐ No

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SMITH, IVAN W.**
STREET ADDRESS **#14 700-58 AVENUE S.E.**
CITY-ST-ZIP **CALGARY, AB, CANADA T2H2E2**

TITLE **O** ☐ DELETE

NAME **PAGNOZZI, ERNEST A**
STREET ADDRESS **7321 OAKSHIRE DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **O** ☐ DELETE

NAME **DEMAURO, VINCENT**
STREET ADDRESS **13120 SHADBERRY LANE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **O** ☐ DELETE

NAME **DERASMO, DAN**
STREET ADDRESS **3215 PHLOX DR.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **O** ☒ Change ☐ Addition

2.2 NAME **Pagnozzi, Ernest A.**
2.3 STREET ADDRESS **12806 Ironwood Cir.**
2.4 CITY-ST-ZIP **Bayonet Point, FL, 34667**

3.1 TITLE **O** ☒ Change ☐ Addition

3.2 NAME **Demauro, Vincent**
3.3 STREET ADDRESS **8150 Brent St. Unit #713**
3.4 CITY-ST-ZIP **Port Richey FL, 34668**

4.1 TITLE **O** ☒ Change ☐ Addition

4.2 NAME **Derasmo, Dan**
4.3 STREET ADDRESS **2068 Groveland Rd.**
4.4 CITY-ST-ZIP **Palm Harbor, FL, 34683**

5.1 TITLE **O** ☐ Change ☒ Addition

5.2 NAME **Klerer, Irv**
5.3 STREET ADDRESS **7825 Prairie Dr.**
5.4 CITY-ST-ZIP **Port Richey, FL, 34668**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

5/6/99

(727) 868-1200

CR2E034 (5/99)

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