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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012496

1. Corporation Name

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

THE PERFECT CIRCLE, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90157 007 ***150.00



Principal Place of Business Mailing Address						* *******					
QNE_BISCAYNE_TOWER 2_SOUTH_BISCAYNE_BI MIAMI_FL_32131	ONE BISCAYNE TOWER: SUITE 2 SOUTH BISCAYNE BLVD MIAM! FL 33161				DO NOT WRITE IN THIS SPACE						
THE TE COLOR					3.	3. Date Incorporated or Qualifed					
						02/06/19	98				
Principal Place of Business Za. Mailing Address						FEI Numbe			Apr	olied For	
21 17671 N.W. 78 Ave 26 17671 N.W. 781				<u>፟፟፟</u>	(05083	3 <i>4945</i>			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5	Certifcate o	f Status Desire	d 🗆	\$8.75 A		
27									Fee Re		
City & State City & State City & State City & State Z8 Miami F1					6.		mpaign Financ Contribution	ing -	\$5.00 Added to	May Be	
Zip	Country	Zip	Country		8.		ation owes the	current year In			
24 33015	33015 25 USA 29 33015 30			SA_			roperty Tax.			ØN₀	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
Tanen, Jeffrey S Esquire				Name							
				82 Street Address (P.O. Box Number is Not Acceptable)							
ONE BISCAYNE TOWER, SUITE 3250 2 SOUTH BISCAYNE BLVD							_	u			
2 SOUTH BISCAYNE BLVD									,		
MIAMI FL 33131								FL	85 Zip C	ode	
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							OLIANOEO TO	DATE	ND DIDECTO	DC IN 12	
12.	OFFICERS AND	DIRECTORS	13.				CHANGES TO		☐ Change	Addition	
TITLE D			1.1 TITLE		tresi	oent 1	MASUVER	- V			
			1.2 NAME		Mari	ARIST	O HA ISC	? 7	•		
ANALY STATES				TADORESS	1 5'	- a - I-	1 333	7 1	,		
			1.4 CITY-5 2.1 TITLE	T-ZIP	3000	reciden	t, Secver	aul D	Change	Addition	
TITLE			2.1 NILE		Vice P	ha Wall	ner	,			
NAME					9513	iv, w. c	iand St	•			
STREET ADDRESS				TADDRESS	5.20	ise F	1 3335	1		1	
CITY-ST-ZIP		DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP	10007			'	Change	Addition	
TITLE			3.1 IIILE					·			
NAME				* 1000566							
STREET ADDRESS			3.3 STREE	TADDRESS							

Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

34 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

□ DELETE

☐ DELETE

SIGNATURE:

Addition

Addition

Change

Change