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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997		ary of State CORPORATIONS	Secretar	y of State
DOCUMENT # L60080 (3) CIRCLE FUNDING CORPORATION					
Principal Place of Business 7340 SW 61 CT \$ MIAMI FL 33143		Mailing Address 7340 SW 61 CT S MIAMI FL 33143-5018		T HERITARI SIN SINII EEKIN OOMBI IBNIK DONI OKON BIEKL SION SIKU EIRIN HOEF HOEF	
				3. Date Incorporated or Qualified 03/21/1990	3a. Date of Last Report 01/24/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0195080	Applied For Not Applicable
Suite, Apt #, etc. Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27 27		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	7	Trust Fund Contribution	Added to Fees
Z(p)	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curr NER, CHARLTON		81 Name	10. Name and Address of New Re	gistered Agent
MIAN 11. Pursuant to office or re	BRICKELL AVE. SUITE 1700 AI FL 33131 To the provisions of Sections 607.0 gistered agent, or both, in the Str in familiar with, and accept the ob	ite of Florida. Such change was	83 84 City Ites, the above-named co- authorized by the corpor-	dress (P.O. Box Number is Not Acceptab rporation submits this statement for the p ation's board of directors. I hereby accep	FL 85 Zip Code
SIGNATURE	Signature, typed or printed came of registerion		ITE: Registered Agent signature req	uired when reinstating)	DATE
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	EHRENKRANTZ, IRA		1.2 NAME		
STREET ADDRESS	7340 SW 61 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE NAME			2 2 NAME		C Onange C Addition
STREET ADDRESS			2.3 STREET ADDRESS		
C-TY - ST - ZIP		DELETE	2 4 CHY-ST-ZIP		Change Addition
TITLE Namé		[_] DELLIE	31 THLE 32 NAME		CT custility CT Variation
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIF		DELETE	3.4 CITY - ST - ZIP	····	☐ Change ☐ Addition
TITLE NAME		L., Dilli	4.1 TITLE 4.2 NAME		Li Change Li Audinon
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-7:P		T overs	4.4 CHY-ST-ZIP		The same of the sa
TITLE		[] DELETE	5.1 THILE 5.2 NAME		Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CiTY-SI-ZIP 14. I do heret	by certify that the information supp	lied win this filing does not qua	64 CITY-ST-ZIP lifty for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio Lam an oi appears i	n indicated on this annual reports flicer or director of the corporation n Block 12 or Block 13 if charged	r supplemental annual report is or the receiver or trustee empo or on an altachment with an ac	true and accurate and th wered to execute this rep ddress.	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name

SIGNATURE:

0198953

FILED

Jan 14 1997 8:00am