


FILED

Jan 14 1997 8:00am
Secretary of State

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # L60080 1. Corporation Name CIRCLE FUNDING CORPORATION </div> <div style="font-size: 2em; font-weight: bold;">(3)</div> </div> | | |
| Principal Place of Business 7340 SW 61 CT S MIAMI FL 33143 | | Mailing Address 7340 SW 61 CT S MIAMI FL 33143-5018 |
| 2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country | 2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country | |
| 9. Name and Address of Current Registered Agent | | |
| STONER, CHARLTON 1101 BRICKELL AVE. SUITE 1700 MIAMI FL 33131 | | <div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small> <small>(NOTE: Registered Agent signature required)</small> | | |
| 12. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EHRENKRANTZ, IRA 7340 SW 61 CT S MIAMI FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| 13. | | |
| 1.1 TITLE | | |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | |
| SIGNATURE: _____ NOTED | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



CR2E034 (9/96)