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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J72903

(4)

CIRCLE C PROPERTY, INC.

FILED
Jan 22 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 2560 BARNETT PLAZA 2560 BARNETT PLAZA 101 E KENNEDY BLVD. 101 E KENNEDY BLVD. DO NOT WRITE IN THIS SPACE TAMPA FL 33602 **TAMPA FL 33602** 3. Date Incorporated or Qualified 05/14/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3000162 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. XX Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 GARCIA, JOSEPH 2560 BARNETT PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD. 83 **TAMPA FL 33602** 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GARCIA, JOSEPH 1.2 NAME NAME CR2E034 101 E KENNEDY BLVD. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BURNETT, E.P. 2.2 NAME NAME 901 S. NEWPORT AVENUE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TATLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Срапсе TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP \_\_\_ DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of 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 attainment with an address.

SIGNATURE.

SIGNATURE.