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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

**CIRCLE DOT RANCH INC** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

## **FILED** Jan 29 1998 8:00am Secretary of State



Discharge 40								
Principal Place of Business Mailing Address  1081 BROWNING RD 10811 BROWNIGN RD								
LITHIA FL 3		10811 BROWINIGN RD LITHIA FL 33547						
US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/21/1961		
2. Principal f	Place of Business	2a. Mailing Address 26				4. FEI Number 59-0921479	<del></del>	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Sta	te	City & State	<del> </del>			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28 7in	············			Trust Fund Contribution		to Fees
24	25	Zip 29	30	жиу	,	This corporation owes or has paid the Personal Property Tax due June 30.		ntangible
	9, Name and Address of Curr		]30]	1	····	10, Name and Address of New Register		LING
M/	ASSARO, ANGELO			81	Name			
	811 BROWNING ROAD			82	C4-5-5 6 d d	(DO D. N. H		
LIT	THIA FL 33547			84	Street Add	lress (P.O. Box Number is Not Acceptable)		
				83				
				84	City		85 Zip	Code
Office or a	regi <b>ște</b> rea agent, or poin, în îne Sta	te oi Fiorida. Such change was	autnorize	עס סי	i the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	o of changing	its registered s registered
SIGNATURE	am familiar with, and accept the oblining familiar with, and accept the oblining familiar with famil						_	
12.		ND DIRECTORS	13.	о жда	ur eiðusinne tedni	red when reinstaling) DAT ADDITIONS/CHANGES TO OFFICERS /		DC IN 12
TITLE	PD	DELETE				ADDITIONS/OFFICERS	Change	Addition
NAME	MASSARO, ANGELO	_	1.2 NAM				LL Change	
STREET ADDRESS	10811 BROWNING RD				ADDRESS			
CITY-ST-ZIP	LITHIA FL		1.4 CI					
TITLE	STO	DELETE					☐ Change	☐ Addition
NAME	MASSARO, LOUIS B.		2.2 N	2.2 NAME				
STREET ADDRESS	10705 BROWING RD			2.3 STREET ADDRESS				
CITY-ST-ZIP	LITHIA FL		2. 4 C	ITY-S	ST-ZIP			
TITLE	•	☐ DELETE	3.1 TI	TLE			Change	☐ Addition
NAME			3.2 N/	AME	ļ			
STREET ADDRESS			3.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	IT-ZIP			
TITLE		∟, DELET <b>e</b>	4.1 TO				L Change	L. Addition
NAME			4. 2 N					į
STREET ADDRESS			- 4		ADDRESS			
CITY-ST-ZIP TITLE		DELETE		1Y-S1	T-ZIP		[] Observe	Addition
		☐ ncreit	5.1 TITLE 5.2 NAME				☐ Change	☐ Addition
NAME OTDCET ADDDCCC					ADDRESS			
STREET ADORESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CF 6 1 TH		1 - ZIP		☐ Change	Addition
NAME			62 NA				Unange	L. ROUIION
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CI					
	certify that the information supplied	with this filing does not qualify.				Section 110 07(3)(i) Florida Statutos I further	andif. 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 enpowered 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 additise.