SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 380214 CIRCLE REALTY COMPANY Principal Place of Business Mailing Address 1960 COURTNEY DR 1950 COURTNEY DR STE 204 STE 204 FORT MYERS FL 33901 FORT MYERS FL 33901 3. Date Incorporated or Qualified 3a. Date of Last Report HS 04/12/1971 07/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1365399 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LINDMAN, CAROL 1950 COURTNEY DR Street Address (P.O. Box Number is Not Acceptable) 82 **STE 204** FORT MYERS FL 33901 83 84 City 85 Zip Code 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 holli, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type dim profest name of registered a year and stirlif applicable (NOTE: Registered Agent signature required when reinstering) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 TIFLE Change Addition NAME LINDMAN, CAROL CAROL LINDMAN 1.2 NAME CR2E034 1950 COURTNEY DR, #204 # 204 STREET ADDRESS. 13 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP FORT HYERS, FL 33901 14 CITY - ST - ZIP TITLE ST DELETE Change Addition 21 TITLE PST NAME MCMILLIN, JOHN W 2.2 NAME MCMILLIN, JOHN W 1950 COURTNEY DR #204 STREET ADDRESS 1646 JEFFERSON AVE. 2.3 STREET ADDRESS 33901 FORT MYERS FL CITY-ST-ZIP 2 4 CITY - ST - ZIP MYERS, FL DOM DELETE 3.1 TITLE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELFTE Change Addition 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-71P 4.4 CHTY - \$1 - ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City St-7/P TITLE DELETE 6111118 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - ST - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address

8-3-96 941-936-6464

SIGNATURE: