

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 447840 (0)
 1. Corporation Name
CIRCLE MORTGAGE CORPORATION



Principal Place of Business 6600 TAFT STREET HOLLYWOOD FL 33024	Mailing Address 6600 TAFT STREET HOLLYWOOD FL 33024-4040
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2. Principal Place of Business 21 6600 Taft Street Suite, Apt. #, etc. 22 4th Floor City & State 23 Hollywood, FL Zip 24 33024 Country 25 USA		2a. Mailing Address 26 6600 Taft Street Suite, Apt. #, etc. 27 4th Floor City & State 28 Hollywood, FL Zip 29 33024 Country 30 USA		3. Date Incorporated or Qualified 03/29/1974	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-1660044		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEVITT, DAVID 6600 TAFT STREET SUITE 200 HOLLYWOOD FL 33024		10. Name and Address of New Registered Agent 81 Name David Levitt 82 Street Address (P.O. Box Number is Not Acceptable) 6600 Taft Street, 4th Floor 83 84 City Hollywood FL 85 Zip Code 33024	
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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:  **David Levitt, President** 4-17-97
Signature typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVITT, DAVID		1.2 NAME David Levitt	
STREET ADDRESS 1107 S. NORTHLAKE DR.		1.3 STREET ADDRESS 450 N. Southlake Drive	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP Hollywood, FL 33019	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVITT, KATHY		2.2 NAME Kathy Levitt	
STREET ADDRESS 1107 S. NORTHLAKE DR.		2.3 STREET ADDRESS 450 N. Southlake Drive	
CITY-ST-ZIP HOLLYWOOD FL		2.4 CITY-ST-ZIP Hollywood, FL 33019	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 or 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 attachment with an address.

SIGNATURE:  **David Levitt, President** 4-17-97 (954) 981-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)