PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT-OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 617379

1. Corporation Name

CIRCLE SOFTWARE INC.

0022			
Principal Place of Business Mailing Address 4851 NW 103RD AVE 4851 NW 103RD AVE STE 43 STE 43 SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE			
4851 NW 103RI	D AVE 4851 NW 103RD AVE		
STE 43			DO NOT WRITE IN THE CRACE
	3351 SUNRISE FL 33351 US		3. Date Incorporated or Qualifed
US	05		3. Date incorporated or Qualified 04/13/1979
	A Marillan Address	-	4. FEI Number Applied For
21 70		Ugth ST	59-1898661 Not Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Star		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing 55.00 May 8e
23 PLA	NTATION FL 28 PLANTAT		Trust Fund Contribution Added to Fees
Zip	Country Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 33		30 USA	Personal Property Tax. Light Yes XNO 10. Name and Address of New Registered Agent
	9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
GRE	ENBERG, PAUL V.	I I I I I I I I I I I I I I I I I I I	
4851	LNW-103RD AVE 7030 SW 914 ST	82 Street Add	dress (P.O. Box Number is Not Acceptable)
STE	45 0 0 7 -	83	7030 36 9 3 31
SUN	1835 FL-33351 PLANTATION FL 333	9// "	
•		84 City D	4NTATION FL 85 70 Code 333/7
44. Discurrent to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named comporation 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 nereby accept the appointment as registered			
agent. I a	am familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.	:
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature requir	ned when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	· Change Addition
NAME	GREENBERG, PAUL V.	1.2 NAME	a satte com
STREET ADDRESS	4851 NW 103RD AVE STE 43	1,3 STREET ADDRESS	7030 544-51
CITY-ST-ZIP	SUNRISE FE	1.4 CITY-ST-ZIP	7030 SW9+4 ST PLANTATION FL 33317
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		. 2. 4 CITY- \$T-ZIP	
TITLE	□ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	· Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY+ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>
7MLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	□ DELETE	S 1 TITLE	☐ Change ☐ Addition

6.2 NAME 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 or the colored 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90116 011 ***150.00