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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F68593** **(5)**

1. Corporation Name
CIRCLE K. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
45 NW 8TH STREET, STE 102 C/O HUGHES ACCOUNTING HOMESTEAD FL 33030	45 NW 8TH STREET, STE 102 C/O HUGHES ACCOUNTING HOMESTEAD FL 33030-4452

3. Date Incorporated or Qualified: 02/24/1982
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business	2a. Mailing Address
21 C/O Dennis E. Stone, Esq.	26 C/O Dennis E. Stone, Esq.
Suite, Apt. #, etc. 22 45 NW 8th ST.#107	Suite, Apt. #, etc. 27 45 NW 8th ST.#107
City & State 23 Homestead, Florida	City & State 28 Homestead, Florida
Zip / Country 24 33030 / 25 Dade	Zip / Country 29 33030 / 30 Dade

4. FEI Number: 59-2256539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEICHINGER, ALBERT % HUGHES ACETY 45 NW 8TH ST SUITE 102 HOMESTEAD FL 33030	81 Name: Keichinger, Albert 82 Street Address (P.O. Box Number is Not Acceptable): C/O Dennis E. Stone, Esq. 83 45 NW 8th Street, Suite 107 84 City: Homestead, FL 85 Zip Code: 33030

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: Albert Keichinger — Albert Keichinger
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	KEICHINGER, ALBERT		12 NAME		
STREET ADDRESS	C/O HUGHES ACETY - 45 NW 8TH ST #102		13 STREET ADDRESS	C/O D. Stone, Esq., 45 NW 8th ST #107	
CITY-ST-ZIP	HOMESTEAD FL		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Albert Keichinger — Albert Keichinger — April 24th 97