

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortlam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002525 (4)

1. Corporation Name
CIRCLE K PROPERTIES, INC.



Principal Place of Business: **3003 N CENTRAL AVE PHOENIX AZ 85072-2122 US**
Mailing Address: **P O BOX 52065 PHOENIX AZ 85072-2122 US**

3. Date Incorporated or Qualified: **05/28/1993**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **13-3715174**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRACKE, SCOTT	
STREET ADDRESS	225 VARICK STREET	
CITY-STATE-ZIP	NEW YORK NY 10014	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTIOCO, JOHN F	
STREET ADDRESS	3003 N CENTRAL AVE	
CITY-STATE-ZIP	PHOENIX AZ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZINE, LARRY	
STREET ADDRESS	3003 N CENTRAL AVE	
CITY-STATE-ZIP	PHOENIX AZ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BABINEC, GEHL	
STREET ADDRESS	3003 N CENTRAL AVE	
CITY-STATE-ZIP	PHOENIX AZ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUNG, SAVIO W	
STREET ADDRESS	280 PARK AVE., 37TH FLOOR WEST	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Joel A. Sterrett	
13 STREET ADDRESS	8113 E Appaloosa Trail	
14 CITY-STATE-ZIP	Suntsdale, AZ 85258	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 oath. That I am an officer or director of the corporation or the sole or controlling 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: *Joel A. Sterrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 6024370600

CR2E034 (12/95)