

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005584 (8)

1. Corporation Name

CIRCLE K STORES INC.



Principal Place of Business

Mailing Address

**3003 N. CENTRAL 17TH FLOOR
PHOENIX AZ 85012**

**P.O. BOX 52085
PHOENIX AZ 85072
US**

3. Date Incorporated or Qualified
12/08/1993

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
74-1149540

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COBD** DELETE
NAME **BROWN, BART A JR**
STREET ADDRESS **140 HIGHLAND AVENUE**
CITY - ST - ZIP **FORT THOMAS KY 41075**

1.1 TITLE **S** Change Addition
1.2 NAME **Joel Asterrett**
1.3 STREET ADDRESS **8113 E Appaloosa Trail**
1.4 CITY - ST - ZIP **Scottsdale, AZ 85258**

TITLE **CEOD** DELETE
NAME **ANTIOCO, JOHN F**
STREET ADDRESS **10592 N. 106TH PLACE**
CITY - ST - ZIP **SCOTTSDALE AZ 85258**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VCOO** DELETE
NAME **TELSON, MITCHEL E**
STREET ADDRESS **7929 N. 21ST PLACE**
CITY - ST - ZIP **PHOENIX AZ 85020**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **VT** DELETE
NAME **ZINE, LARRY J**
STREET ADDRESS **139 E. GREENTREE**
CITY - ST - ZIP **TEMPE AZ**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **V** DELETE
NAME **BABINEC, GEHL P**
STREET ADDRESS **13047 N. 80TH PLACE**
CITY - ST - ZIP **SCOTTSDALE AZ 85260**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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(3)(x), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 602 4370600
DATE TIME PHONE #

CR2E034 (12/95)