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Jan 21 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 # L36401 (2)  
1. Corporation Name:  
CIRCLE ENTERPRISES CORPORATION



Principal Place of Business: 7219 RADIO RD. NAPLES FL 33942  
Mailing Address: 7219 RADIO RD. NAPLES FL 34104-6707

3. Date Incorporated or Qualified: 12/12/1989  
3a. Date of Last Report: 03/18/1996  
4. FEI Number: 65-0336620  
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 Same  
2a. Mailing Address: 26 Same  
22 Suite, Apt. #, etc.: 27  
23 City & State: 28  
24 Zip: 25 Country: 29  
25 Country: 30

9. Name and Address of Current Registered Agent  
LEVIN, PATRICIA  
7219 RADIO RD  
NAPLES FL 33942

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 607.0502 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

Signature of type of principal officer 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  
NAME: LEVIN, PATRICIA  
STREET ADDRESS: 194 SOCIETY CT  
CITY - ST - ZIP: MARCO ISLAND FL  
[ ] DELETE  
TITLE: TS  
NAME: LEVIN, BURTON  
STREET ADDRESS: 194 SOCIETY CT PO BOX 1398  
CITY - ST - ZIP: MARCO ISLAND FL  
[ ] DELETE  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY - ST - ZIP:  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY - ST - ZIP:  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY - ST - ZIP:  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 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 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: BURTON LEVIN 1/15/97 941-455-2463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)