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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **L49760**

(6)

Corporation Name

CIRCLE GENERATOR SERVICE, INC.										
Principal Place of GORDON A. 5901 N.W. 88TI	Lagden H Terrace	Mailing Address ** GORDON A. LAGDEN 5901 N.W. 88TH TERRACE TAMARAC FL 33321								
TAMARAC FL	33321	IMMARING PE SOULI				3. Date Incorporated or Qualified 02/08/1990		of Last Re 1/03/199		
, Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 65-0181974	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		Added to rees			
Zip Country 25		Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	egistered .	\gent		
				81	Name					
LAGDEN, GORDON A. 5901 N W 88TH TERRACE				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
TAMARAC FL 33321				83						
				84	City		FL	85 Zip	p Code	
SIGNATURE SI	D	ID DIRECTORS		1.2 NAME I. STREET ADDRESS 5		ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
NAME STREET ADDRESS	LAGDEN, GORDON A. 5901 N W 88TH TERR					AGDEN, GLENN A. 1901 N W 88th TERI	₹			
CHTY-ST-ZIP	TAMARAC FL	- Profit		1Y-\$1	-ZIP T	AMARAC, FL		Change	Addition	
TITLE NAME	D LAGDEN, THERESA	DELETE	2 1 T 22 N				1		—	
STREET ADDRESS	5901 N W 88TH TERR				ADDRESS					
CITY-ST-ZIP	TAMARAC FL	☐ DELETE	24C	TY - ST	ZIF			Change	Addition	
TIFLE			3 1 ·				•			
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			340	ITY - \$1	1 - 7/2					
TITLE	Ab . of Toronto.	☐ DELETE	4 1 1	HTLE			l	Change	Addition	
NAME			42 N	AME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		ETI CELET		11Y - S	T - 21f°			Change	☐ Addition	
TITLE		☐ DELETE	5.1					0 13.18¢		
NAME			52 N		ADDRESS					
STREET ADDRESS				ily-S						
CITY - SI - ZIF TITLE		DELETE	6 1			7,000		Change	Addition	
NAME			621	AME						
STREET ADDRESS					ADDRESS					
			640	ITY-S	T - ZiP					
14. I do hereby certify that		inua! report or supplemental a noration or the receiver or trus	innua, report stee empowe			r for the exemption stated in Section 11! rrate and that my signature shall have th this report as required by Chapter 607, I				

SIGNATURE: Jerry Lagden TERRY LAGDEN
SIGNATURE SIGNATURE OF SIGNAME OF SIGNAM OFFICER OR DIRECTOR

4/15/96 (954)720-3058