

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L51151** (3)

1. Corporation Name

DYER CIRCUMSTANCES, INC.



Principal Place of Business

% ELLEN DYER
1406 LISBON STREET
CORAL GABLES FL 33134

Mailing Address

% ELLEN DYER
1406 LISBON STREET
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
02/05/1990

3a. Date of Last Report
06/20/1995

4. FEI Number

59-2813339

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

DYER, ELLEN
1406 LISBON STREET
CORAL GABLES FL 33134

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 607.1502, 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, typed or printed name of registered agent, director, officer, or shareholder

Printed, Registered Agent Signature Required When Registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DYER, ELLEN**
STREET ADDRESS **1406 LISBON ST**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **D** ☒ DELETE
NAME **SHAW, JODE L. CPA**
STREET ADDRESS **1390S DIXIE HWY., WATERWAY II, STE 2105**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **VP** ☒ DELETE
NAME **BYRNE, PHILIP KEITH**
STREET ADDRESS **1406 LISBON ST**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P, S, T, D** ☒ Change ☐ Addition
1.2 NAME **DYER, ELLEN**
1.3 STREET ADDRESS **1406 LISBON STREET**
1.4 CITY - ST - ZIP **CORAL GABLES, FL.**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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:

Ellen M. Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen M. Dyer

7-16-96

305-444-9011
Copy to Phone #

CR2E034 (12/95)