FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 190190 Trzzo's Circle News, Inc.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State

1/00 Young Circle 1700 Young		bung Ci	rele	-	
Hollywood, Fl 33020	نا بال	Hollywood, Fl 33020		DO NOT WRITE IN THIS SPACE	
7/0// 10/1/ 5.5620	1767.70	osky i i	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address			4 FEI Number	Applied For
ī	26			65-0250209	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 29	Country 30	,	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes 🔲 No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
11 Hade 1 Bando 33020		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		63			
		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					

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition Mehyl President 1.1 TITLE TITLE 1.2 NAME NAME Cock STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SF-ZIP 34 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition NAME STREET ADDRESS 4 3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5 1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP 800002522818 -05/14/98--01010--006 ***150 00 DELETE TITLE NAME G 2 NAME 6 3 STREET ADDRESS STREET ADDRESS ***150.00

14. Thereby 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 armual report or supplemental 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 amattachment with an address.

SIGNATURE: