SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M14805** **(9)**

1. Corporation Name
CARIBBEAN CIRCUITS CORPORATION

Principal Place of Business
13550 SANDRIDGE RD.
PALM BEACH FL 33418
US

Mailing Address
13550 SANDRIDGE RD.
PALM BEACH FL 33418
US

3. Date Incorporated or Qualified: **05/02/1985**
3a. Date of Last Report: **08/29/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2549653** ☐ 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
HYNES, W STANLEY
13550 SANDRIDGE RD.
PALM BEACH GARDENS FL 33418

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 corporate officer or director of registered agent (if applicable) — (NEW Registered Agent's signature required if a change is being made) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	HYNES, W. STANLEY	
STREET ADDRESS	13550 SANDRIDGE ROAD	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	☐ DELETE
NAME	HYNES, EVELYN R.	
STREET ADDRESS	13550 SANDRIDGE ROAD	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	DST	☐ DELETE
NAME	HYNES, JACQUELINE	
STREET ADDRESS	13550 SAND RIDGE RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DV	☐ DELETE
NAME	HYNES, EVA M.	
STREET ADDRESS	13550 SANDRIDGE RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	☐ DELETE
NAME	HYNES, JOHN	
STREET ADDRESS	13550 SANDRIDGE ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	☐ DELETE
NAME	HAYNES, SARAH	
STREET ADDRESS	13550 SANDRIDGE ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline Hynes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 07-02-96 — DATE — 561-842-7482 — TELEPHONE #

CR2E034 (3/96)

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