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Mar 31 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 # 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 33418-0839  
US



3. Date Incorporated or Qualified 05/02/1985	3a. Date of Last Report 07/09/1996
4. FEI Number 59-2549653	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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, typed or printed name 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	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, W. STANLEY	1.2 NAME	
STREET ADDRESS	13550 SANDRIDGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, EVELYN R.	2.2 NAME	
STREET ADDRESS	13550 SANDRIDGE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, JACQUELINE	3.2 NAME	
STREET ADDRESS	13550 SAND RIDGE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, EVA M.	4.2 NAME	
STREET ADDRESS	13550 SANDRIDGE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, JOHN	5.2 NAME	
STREET ADDRESS	13550 SANDRIDGE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, SARAH	6.2 NAME	HYNES, SARAH
STREET ADDRESS	13550 SANDRIDGE ROAD	6.3 STREET ADDRESS	13550 SAND RIDGE ROAD
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	6.4 CITY - ST - ZIP	PALM BEACH GARDENS FL 33418

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:

W. Stanley Hynes  
W. STANLEY HYNES 3/17/97 561  
442-7482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)