SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750)

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1985

4. FEI Number
59-2549653
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 section 607.0505(2) and 607.1608, 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 I accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[ ] Change [ ] Addition
1. NAME		
1. ADDRESS		
1. CITY ST ZIP		
2. TITLE		[ ] Change [ ] Addition
2. NAME		
2. ADDRESS		
2. CITY ST ZIP		
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. ADDRESS		
3. CITY ST ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. ADDRESS		
4. CITY ST ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. ADDRESS		
5. CITY ST ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. ADDRESS		
6. CITY ST ZIP		

14. I hereby certify that the information supplied within this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this 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 a director or officer 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 above, or on an attachment with all other like empowered.

SIGNATURE: W. Stanley Hynes

C98000024259