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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthamy

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

TIME CIRCLE, INC.

FILED

Mar 25 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address C/O DAVID BABAIN C/O DAVID BABAIN 25 SE 2ND AVE.. SUITE 550 25 SE 2ND AVE., SUITE 550

MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2689792 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangiole 24 29 25 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BABAIN, DAVID 25 SE 2ND AVE. SUITE 550 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 504 MIAMI FL 33131 64 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE 1.1 TITLE Change Addition BABAIN, DAVID NAME 12 NAME 25 SE 2ND AVE., #550 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETÉ TITLE 2.1 TITLE Addition BABAIN, DAGMAR NAME 2.2 NAME STREET ADDRESS 25 SE 2ND AVE., #550 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITI F 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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: