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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94188

(3)

TOP CIRCLE DONUT, INC.

FILED May 14 1997 8:00am Secretary of State



	ace of Business	Malling Address				Older Billet Belli) A	1881   8881	
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6230 INDIAN SUITE 11	HOWN RD		6230 INDIANTOWN RD. SUITE 11					
JUPITER FL	33458	JUPITER FL 33458-7917			j			
US		US	US				Date of Last Report 5/01/1996	
2. Principa	l Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEt Number	. <u></u>	Ар	plied For
21		26			65-0062322		No	t Applicable
22	pt.#.elc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A Fee Re	dditional quired
City & St	tale	City & State			6. Election Campaign Financing			May Be
Zip	Country	<b>28</b>	Count		Trust Fund Contribution		Added t	
24	25	29	30	ıy	This corporation has liability for in Florida Statutes	ntangible tax ( ] Yes		199.032,
.41	9. Name and Address of Cu		1301		10. Name and Address of New Re			
D	EID, MARGARET		8	1 Name	TO, THE STATE OF T	gioroi da rigai	<u></u>	
	14 PEGASUS DR.		L.,					
	UPITER FL 33477		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
U.	Dritten TE 60477		8:	3				
				1				
			8	4 City		FL 8	5 Zip C	Code
44 5	10.0	10000 - 1007 1000 51 11 01	A 4		5 5 7 7 7 7		<u> </u>	
office o	or registered agent, or both, in the	State of Florida Such change was	authorized i	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointr	nent as	s registered registered
agent	I am familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Statut	es.				•
	ıt.							
SIGNATUR								
	Signature, typico or printed name of register			geni signature requ	alred when reinstaling)	DATE EDC AND DIE	ECTOR	C IN 10
12.	Signature hypicolor printed name of register OFFICERS	S AND DIRECTORS	13.		ared when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIF		
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Ido 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 attactyment with an address.

**SIGNATURE** 

THE THE PROOF PRINTED NAME OF SIGNING OFFICER OR ORRECTOR

2/18/91

561-743-080P