FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000050991 (7)

CIRCLE ENGINEERING, INC.

Principal Place of Business	Mailing Address	n immelmer bid i fiebe titet matte matt	00110 EPIET BIAN 8010 19110 1817		
11130 MONET LANE LAKE PARK FL 33410	11130 MONET LANE LAKE PARK FL 33410				
		Date Incorporated or Qualified 07/16/1993	3a. Date of Last Report 04/20/1995		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Apple		
21	26	65-0426736	Not A		
Suite, Apt. #, etc	Suite, Apt. #, etc.		\$9.75 \		

2		27 Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
Crty & Sta	te	City & Stat	e			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 4	Country 25	ΖΙρ 29	30	untry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
Name and Address of Current Registered Agent			Ι		10. Name and Address of New Registered Agent		
poec	DO EDOVINE O HI FOA			81	Name		
ROGERS, ERSKINE C III ESQ 1803 AUSTRALIAN AVENUE SOUTH				82	2 Street Address (P.O. Box Number is Not Acceptable)		
Suite G W. Palm Beach Fl 33409				83			
11.174	EM DENOTTE SOTOS			84	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signation, speed or product rame or registrate in a state may the control of the						
12.	OFFICERS AND DIRECT		13.	ADDITIONS OHANGES TO DELICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1 1 TITLE	☐ Change ☐ Addit	i:on	
NAME	Balbis, Eduardo e		1.2 NAME			
STREET ADORESS	1130 MONET LN		1 3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL		1.4 CITY - ST - ZIF			
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NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			

14. Ido hereby certify that the information supplied with this filling 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 armual 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable