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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400067397 (7)

	CIRCLE ASSOCIATES									
Principal Place of Business  2563 NE CAPITAL CIRCLE TALLAHASSEE FL 32308 US		·	Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317-3633 LE			1 iddings	1991 BIN MANT MANT MANT	ia Mikia Mibia Milia	11 18 8 W 4 4454 W 1 W 1	i) (\$4) (83)
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2 Original Di	ace of Business	(3a A4vi	ling Address			09/14/1 4. FEI Numb		04	/30/1996	li - d F
21 Pundiparan	ace or posicess	26	ing Address			59-33				oplied For ot Applicable
Suite, Apt	#, elc		e, Apt. #, etc.				of Status Desired			Additional
22		27	. 0. 0							equired
City & State	!	28)	& State			L	ampaign Financin I Contribution	9 🖂		May Be to Fees
Z)p	Country	Zip		Coun	try		ration has liability			
24	25	29		30		Florida Sta	atutes	Yes Yes	□ No	
	9. Name and Address of (	Current Registered	d Agent		1 Name	10. Name and	Address of New	Registered	Agent	
	MURRAY, CHARLES A			Ľ	l N	MURRAY, C	HARLES A.			
	7 E. Lafayette street Te c			Ţ	Street Ac	ddress (P.O. Box Nu	mber is Not Acce	ptable)		
	LAHASSEE FL 32301			ļ.	13	IJ W. LIMM	MILLY DUYD.			
INL	LA MODEL I E DEDVI			<u> </u>	(4) 635.					Code
				1	City 127	LLAHASSEE,	FL	FL	_ 85 Zip _ 32	Code 2 <b>301</b>
11. Pursuant t	o the provisions of Sections 6	07.0502 and 607.15	508, Florida Stat	tutes, the abo	ve-named c	orporation submits t	his statement for t	he purpose o	of changing i	ts registered
		n Stato at Flarida. S	luch change wa	e authorizad	by the corne	ration's board of dir	entare I barabu ai			
agent La	o the provisions of Sections 6 egistered agent, or both, in the infamiliar with, and accept the	e State of Florida. S e obligations of, Sec	uch change wa ction 607.0505,	s authorized Florida Statu	by the corpo tes.	ration's board of dir	ectors. I nereby a	ссері іне арі	p. 0.17 10.17 10.00	•
SIGNATURE							ectors. I nareby a			
SIGNATURE	Signature, typed or jainted ranne of regist		licable (N			quired when reinstating)	ectors. I hereby a	DATE		
SIGNATURE	Signature, typed or jainted ranne of regist	tered agent and title if appl	licable (N	IOTE: Hogislered	Agent signature re	quired when reinstating)		DATE		RS IN 12
SIGNATURE	Stiperune, typed or ju interfaces of regist OFFICEI D RUDNICK, JAMES M	tered agent and title if appl	licable (N RS	OTE: Registered	Agent signature re	quired when reinstating) ADDITIONS D RUDNICK	CHANGES TO O	DATE FFICERS AN	D DIRECTOR	RS IN 12
SIGNATURE  12.  HILE	OFFICE D RUDNICK, JAMES M 410 OFFICE PLAZA	tered agent and title if appl	licable (N RS	OTE: Hogislered 13. 11 TITL	Agent signature re	ADDITIONS D RUDNICK 1341 CR	CHANGES TO O	DATE FFICERS AN	D DIRECTOR	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/20/97

(904) 671 1999

**FILED** 

Apr 01 1997 8:00am

Secretary of State