

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084683 (9)

1. Corporation Name

CIRCLE ONE INTERNATIONAL, INC.



Principal Place of Business

4538 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

4538 COMMERCIAL WAY
SPRING HILL FL 34606

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 16209 Flight Path DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 16209 Flight Path DR.
Suite, Apt. #, etc.

4. FEI Number
59-3283573
Applied For
Not Applicable

22
City & State
23 Brooksville, FL
Zip Country
24 34609 25 USA

27
City & State
28 Brooksville, FL
Zip Country
29 34609 30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NIelsen, CHERYL
4538 COMMERCIAL WAY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
16209 Flight Path Drive
B3
B4 City Brooksville FL B5 Zip Code 34609

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P NEILSEN, CHERYL	4538 COMMERCIAL WAY	SPRING HILL FL 34606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		16209 Flight Path Drive	Brooksville, FL 34609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 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 attachment with an address.

SIGNATURE: X

Cheryl Nielsen
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)