

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P94000084683 (9)

1. Corporation Name

CIRCLE ONE INTERNATIONAL, INC.

Principal Place of Business

16209 FLIGHT PATH DR
BROOKSVILLE FL 34609
US

Mailing Address

16209 FLIGHT PATH DR
BROOKSVILLE FL 34609-6859
US

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NIELSEN, CHERYL
4538 COMMERCIAL WAY
SPRING HILL FL 34606

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3283573

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

Nielsen, Cheryl

82 Street Address (P.O. Box Number Not Acceptable)

16209 Flight Path Drive

83

84 City

Brooksville

FL

85 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

CHERYL NIELSEN

Signature, typed or printed name of registered agent, and title if applicable.

Cheryl Nielsen

(NOTE: Registered Agent signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
NIELSEN, CHERYL
16209 FLIGHT PATH DR
BROOKSVILLE FL

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE: CHERYL NIELSEN

4/1/97

CP2E034 (9/96)