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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000084683**1. Corporation Name

CIRCLE ONE INTERNATIONAL, INC.

•		_)
Principal Place	e of Business	Mailing .	Address					.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16209 FLIGHT PATH DR 16209 FLIGHT PATH										
BROOKSVILLE FL 34609 BROOKSVILLE FL 34609						DO NOT I	VRITE IN THI	S SPACE		
US US						-	3. Date Incorporated or Quali		JOI ACE	 -1
	-						11/21/1994	iệd		
0 0	the sea of Division of	2n Mail	ing Address				4. FEI Number		Δr	plied For
— ·	lace of Business	⊢ −	ing Address				59-3283573		 	ot Applicable
21	4t oto	26	e, Apt. #, etc.				39 3203373		\$8.75	
Suite, Apt. #, etc.			 				5. Certifcate of Status Desire	d 🗓		equired
City & State			City & State				6 Floation Compaign Finance	ina	\$5.00	May Be
, <i>'</i>	e ·	28				6. Election Campaign Finance Trust Fund Contribution		•	to Fees	
23	Country	Zip		Coun	itrv	~	8. This corporation owes the	ourroot veer l		
Zip	25 Country		Г	30	ıu y		Personal Property Tax.	current year n	Yes	□No
24	9. Name and Address of Curr	29		<u>301</u>			10. Name and Address of No	w Registere		
	9. Hame and Address of Curi	Tent Registered	Agent	+	81	Name	To The Table of th			
NIEL	SEN, CHERYL			L						
16209 FLIGHT PATH DR					82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
	OKSVILLE FL 34609			ŀ	83					
22					٦-					
				Γ	84	City		F	85 Zip	Code
	to the provisions of Sections 607.0				L		and in a charity this statement for			registered
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	າວປ2 and 6ປ7.1ວ ate of Florida. Sເ	us, Fiorida Statute uch change was at	us, the ab uthorized	by th	named corpo ne corporatio	on's board of directors. I hereby a	ccept the app	ointment as r€	gistered
agent. I a	m familiar with, and accept the obl	igations of, Sect	ion 607.0505, Flor	ida Statu	tés.	·				
SIGNATURE								W. 1. 2. 0		
	Signature, typed or printed name of registered			<u> </u>	Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	700 IN 12
12.		AND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	P AUGUSTAL CHEDVI		□ DEFE IF	1.1 TITL			•		enange	
NAME	NIELSEN, CHERYL			1.2 NAM		-				
STREET ADDRESS	16209 FLIGHT PATH DR			1.3 STR	REETA	ADDRESS	<u>.</u>			
CITY-ST-ZIP	BROOKSVILLE FL 34609			1,4 CIT		ZIP	•			
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NAME				F .			-		Change	Addition
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NAME .			☐ DELETE	2.3 STF	REET A				☐ Change	Addition
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14. I 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE

CITY-ST-ZIP