

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000088884 (8)

1. Corporation Name

CIRCLE ASSOCIATES, INC.



Principal Place of Business

440 COLUMBIA DRIVE  
SUITE 500  
W. PALM BEACH FL 33409

Mailing Address

440 COLUMBIA DRIVE  
SUITE 500  
W. PALM BEACH FL 33409

3. Date Incorporated or Qualified  
11/20/1995

3a. Date of Last Report  
1995-1ST YEAR

2. Principal Place of Business

2a. Mailing Address

21 1665 PALM BCH LKS BLVD

26

4. FEI Number  
65-0624818

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 610

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 WEST PALM BCH, FL

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33401

25 USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

ALTSCHULER, HAROLD D

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

ONE WEST SAMPLE ROAD

83

SUITE 302

84

POMPANO BEACH

FL

85 Zip Code

33064

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

X

*H. Altschuler*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ALTSCHULER, HAROLD  
STREET ADDRESS 440 COLUMBIA DRIVE, SUITE 500  
CITY-ST-ZIP W. PALM BEACH FL 33409

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS ONE WEST SAMPLE ROAD, STE 302  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME ALTSCHULER, JEFF  
2.3 STREET ADDRESS ONE WEST SAMPLE RD.  
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*H. Altschuler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/96

CR2E034 (12/95)