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

Mailing Address

ONE WEST SAMPLE RD.

POMPANO BEACH FL 33064

DELETE

DELETE

DELETE

DELETE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1885 PALM BEACH HILLS BLVD

WEST PALM BEACH FL 33401



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Addition

Addition

Addition

Addition

Change

Change

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088884 (8)

CIRCLE ASSOCIATES, INC.

11/20/1995 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0624818 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALTSCHULER, HAROLD 1 WEST SAMPLE RD Street Address (P.O. Box Number is Not Acceptable) 82 **STE 302** 83 POMPANO BEACH FL 33064 City Zip Code 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 ponted name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change 1.2 NAME ALTSCHULER, HAROLD ONE WEST SAMPLE RD., STE. 201 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEAHC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ALTSCHULER, JEFFREY 2.2 NAME ONE WEST SAMPLE RD., STE. 201 STREET ADDRESS 2.3 STREET ADDRESS <u>Pompano Beach Fl</u> CITY-ST-ZIP 2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Hauden-