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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000004939 (0)

SOCIAL CIRCLE INVESTMENTS, INC.

Principal Place of Business Mailing Address 600 HITCHING POST DR P O BOX 1842 BRANDON FL 33511 BRANDON FL 33509

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

01/12/1996

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0633205	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u>\$8</u>	.75 Additional	
22		27			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	ee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5	5.00 May Be
23		28					ded to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible		
24 25 29 30			0	Personal Property Tax due June 30. 🔲 Yes 🔀 No			
9. Name and Address of Current Registered Agent  BIGGING PORTOT F					10. Name and Address of New Regi	stered Agent	
RIGGINS, ROBERT E				Name			
600 HITCHING POST DR			82	82 Street Address (P.O. Box Number is Not Acceptable)			
BRANDON FL 33511				' '			
			83	83			
			84	City			7:o Codo
				City		FL  85	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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Cha	ange Addition
NAME	riggins, robert e		1.2 NAME				
STREET ADDRESS	600 HITCHING POST DR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BRANDON FL		1,4 CITY-S	T-ZIP			
TITLE	DST	DELETE	2.1 TITLE			Cha	ange 🔲 Addition
NAME	RIGGINS, CAMELIA V		2.2 NAME				
STREET ADDRESS	600 HITCHING POST DR		2.3 STREET	ADDRESS			
CITY-ST-ZIP	BRANDON FL		2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	T		☐ Cha	ange Addition
NAME		i	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY~S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange Addition
NAME			4. 2 NAME				į
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE	"		☐ Cha	enge Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
TITLE		DELETE	6.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	☐ Cha	ange 🔲 Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
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 changes or an attachment with an address.

121/98