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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017917 1. Corporation Name

CIRCLE C BROKERAGE, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90119 046 ***150.00



				<u> </u>				/((48)((88) () (
Principal Place	e of Business	Mailin	g Address			ļ					
2056 NE NEWBERRY DRIVE 2056 NE NEWBERRY DRIVE											
ARCADIA FL_33	821	ARCADIA FL 33821					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed	-	OI ACL		
							02/26/1996				
			-:::				4, FEI Number		An	plied For	
2. Principal Pl	ace of Business	\vdash	ailing Address				65-0648204		_ 	ot Applicable	
21		26	-ta- A-4 -444-				03 0040204		\$8.75		
Suite, Apt.	#, etc.	<u> </u>	uite, Apt. #, etc.				5. Certifcate of Status Desired	□ ·	Fee Re		
22		27	b. 9 Otata				- 5: "			·	
City & State	9	-	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country			Zip Country					ent voor Intr		01003	
Zip 34			Zip Country 34 266 30				8. This corporation owes the current year Intangible Personal Property Tax. Yes				
24 54		29		<u> </u>			10. Name and Address of New F			-	
	9. Name and Address of Currer	it Register	ea Agent	81	1 Nan		TO. THEIRID ENG PAGE 655 OF THEM I	<u></u>			
COO	PER, ESSIE E			L							
2056 NE NEWBERRY DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)					!	
	ADIA FL 33821		-								
AIIO	3426	la		83	•					Ì	
	54 LG	v		84	City				85 Zip (Code	
_					1			FL	127	266	
11. Pursuant	to the provisions of Sections 607.050 equatered agent, or both in the State in amiliar with, and accept the obliga	2 and 6074 of Florida	1508, Florida Statutes, Such change was auth	the abou	ve-name v the co	ed corpor	ration submits this statement for the I's board of directors. I hereby accep	purpose of the appoir	changing its itment as re	gistered	
agentila	in amiliar with, and accept the obliga	tions of Se	ection 607.0505, Florid	a Statute	S.			າີ ເ	99		
SIGNATURE	(00 six 6,	7	ODDA					<u>۲-۶-</u>	77		
	Signeture, typed or printed name of registered age				ent signatu	ire required v	when reinstating)	DATE	D DIDECTO	NDC IN 42	
12.	OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
TITLE	PD		☐ DELETE	1.1 TITLE				•	P Undings		
NAME	COOPER, WAYNE R			1.2 NAME				_		1	
STREET ADDRESS	2056 NE NEWBERRY DRIVE				ET ADDRE	SS		3	426	,6	
CITY-ST-ZIP	ARCADIA FL 3 3821	_		1.4 CITY-					Change	Addition	
TITLE	STD		☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	COOPER, ESSIE E			2.2 NAME							
STREET ADDRESS	2056 NE NEWBERRY DRIVE			2.3 STRE	ET ADDRE	SS		. . ~ .	211.0	1. /	
CITY-ST-ZIP	ARCADIA FL 33821			2. 4 CITY-	ST-ZIP				<u> </u>	6 9	
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STREET ADDRESS				3.3 STREE	ET ADDRE	ss				ļ	
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STREET ADDRESS				4.3 STREE	ET ADDRE	:ss				i	
CITY-ST-ZIP				4.4 CITY-	ST-ZIP						
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CITY-ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	61 TITLE		1			☐ Change	Addition	
NAME				62 NAME	į						
CTDEET ANDRESS				6.3 STREI	ET ADDRE	ss				l	

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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP