

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066149 (1)

1. Corporation Name  
CIRCLE COMMUNICATIONS, INC.

Principal Place of Business  
22738 HORSESHOE WAY  
BOCA RATON FL 33428

Mailing Address  
22738 HORSESHOE WAY  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1996  
3a. Date of Last Report 8/8/96

2. Principal Place of Business  
21 5301 N. Federal Hwy  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5301 N. Federal Hwy  
Suite, Apt. #, etc.

4. FEI Number 65-0685444  
Applied For Not Applicable

22 Suite 210

27 Suite 210

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33487 Country Palm Bch Cty

29 Zip 33487 Country Palm Bch Cty

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAKE, SCOTT L  
22738 HORSESHOE WAY  
BOCA RATON FL 33428

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DRAKE, SCOTT L  
STREET ADDRESS 22738 HORSESHOE WAY  
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME KLUGMAN, NORMAN  
STREET ADDRESS 7075 QUEEN FERRY CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE S/D  
2.2 NAME Lawrence Ferk  
2.3 STREET ADDRESS 691 NE 29th Place  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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: [Signature] Date: 8/26/97 541-998-8282

CR2E034 (4/97)