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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067832

FILED Apr 17 1998 8:00am Secretary of State

Circle Beverage, Inc.										
Principal Place of Business Mailing Address										
•	Johnson St	•		1 1 1 1 1 1	nne					
	wood, FL 33021		950 NW 89th Avenue Plantation, FL 33324							
o.r.y	#00a, 1B 33021	11411	riancación, rb 55524				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualific	9 0		
9 Principal	Place of Business	2a Mailina	Addross		·····	-	08/12/199 4. FEI Number	6		
z. Principar	FIRE OF BUSINESS	2a. Mailing Address							+	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.					65-0688993			Not Applicable Additional
22			27				5. Certificate of Status Desired			Required
City & Sta	ile	City &	State				6. Election Campaign Financing			O May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip		Countr	у		8. This corporation owes or has	paid the cu		
24	25	29		30			Personal Property Tax due J		Yes	□ No
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New	Registered	Agent	
Rehan	, Nafees			81	l Name	e				
	W 8 9th Avenue			82	Stree	t Addres	s (P.O. Box Number is Not Accep	otable)		
	ation, FL 33324				<u>l</u>			,		
Tanc	acton, 11 95524			83	1					
				84	City				85 Zi	p Code
					' '			FL	_ 1 - 1	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508,	Florida Statute	s, the abov	e-name	d corpor	ation submits this statement for the	ne purpose o	f changing	its registered
	registered agent, or both, in the State.								nointment a	
agent. I	am familiar with, and accept the obliga	lions of, Section	607.0505, Flo	rida Statute	S.	polatio	n's board of directors. I hereby ac	cebi the apt		is registered
agent. I				rida Statute	es.	rporation	is board of directors, I hereby ac	cepi the app		is registered
SIGNATURE	Signature typed or printed name of registered ager	nt and title if applicable		Registered Ag			when reinstating)	DAYE		
SIGNATURE	Signature typed or printed name of registered ager OFFICERS AND	nt and title if applicable DIRECTORS	e (NÖTE	Registered Ag				DAYE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signalure typed or printed name of regulared ager OFFICERS AND	nt and title if applicable DIRECTORS		Registered Ag	gani signatu		when reinstating)	DAYE		ORS IN 12
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4. 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:

or Lehan Nafee

4/13/98: 1954)981-444

CR2E034 (1