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

PROFIT CORPORATION ANNUAL REPORT

1998

22

23

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012938 (1)

CIRCLE MANAGEMENT SERVICES, INC.

Principal Place of Business

3829 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

2. Principal Place of Business
2a. Mailing Address
2b. Mailing Address
2c. Mailing Address
2c. Principal Place of Business
2c. Principal Place of Business
2c. Mailing Address
2c. Mailing Address
2c. Suite, Apt. #, etc.

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City & State

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MADIO, RALPH R Name 3829 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021

FILED
Apr 03 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 01/27/1997

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEt Number

65-

			84	City		FL 85 Zip	Code	
Office of R	o the provisions of Sections 607.0502 ar egistered agent, or both, in the State of F in familiar with, and accept the obligation	iorida. Such change was ai	ithauzed by	, the coroors	poration submits this statement for the ation's board of directors. I hereby acc	nurpose of changing it	ls registered registered	
SIGNATURE Signature, typied or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE								
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICE		ICERS AND DIRECTOR	CERS AND DIRECTORS IN 12	
TATLE	PSD	☐ DELET <b>E</b>	1.1 TITLE			Change	☐ Addition	
NAME	STRUŻYNSKI, CARRIE M		1.2 NAME					
STREET ADDRESS	3829 HOLLYWOOD BLVD		1,3 STREFT	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-S	1 - 2 P				
TITLE	TD	☐ DELETE	2.1 TITLE		T.A. I.	☐ Change	Addition	
NAME	MADIO, GRACE A		2.2 NAME	•				
STREET ADDRESS	3829 HOLLYWOOD BLVD		2 3 STREET	ADDRESS				
CITY-ST-ZiP	HOLLYWOOD FL 33021		2. 4 CITY-5	ST - ZIP			į	
TITLE	ASD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	MADIO, RALPH R		3.2 NAME					
STREET ADDRESS	3829 HOLLYWOOD BLVD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-9	T-ZIP				
THTLE		DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZiP			ļ	
TITLE		DELETE	51 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	address				
City-St-ZIP			5.4 CITY - S	T- ZIP				
TITLE		DELETÉ	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	ĺ				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	-zie				

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 supplymental 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 true empty before the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on in always ment with an accurate and that my name appears in Block 12 or Block 13 if changed, or on in always ment with an accurate and that my name appears in Block 12 or Block 13 if changed, or on in always ment with an accurate and that my name appears in Block 12 or Block 13 if changed, or on in always ment with an accurate and that my name appears in Block 12 or Block 13 if changed, or on in always ment with a 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 in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in Section 119.07(3)(iii) in Section

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