

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 # P97000039805

1. Corporation Name

AMERICAN CIRCLE CORPORATION

Principal Place of Business

3200 NORTH MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

Mailing Address

3200 NORTH MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90068 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0751823

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4400 N Federal Hwy
Suite, Apt. #, etc.

22 210-41
City & State

23 Boca Raton FL

Zip Country

24 33431

2a. Mailing Address

26 4400 N Federal Hwy
Suite, Apt. #, etc.

27 210-41
City & State

28 Boca Raton FL

Zip Country

29 33431

30

9. Name and Address of Current Registered Agent

MONDA, JEFF
3200 NORTH MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Jeff Monda

82 Street Address (P.O. Box Number is Not Acceptable)

4400 N Federal Highway

83

Suite 210-41

84 City

Boca Raton

FL

85 Zip Code

33431

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

Jeff Monda

03/22/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME D
STREET ADDRESS MONDA, JEFF
CITY-ST-ZIP 3200 NORTH MILITARY TRAIL, SUITE 300
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME D
STREET ADDRESS SKLAVER, DAVID
CITY-ST-ZIP 45 VALLEY LN
CHAPPAQUA NY 10514

TITLE ☐ DELETE

NAME D
STREET ADDRESS GRILES, EDD
CITY-ST-ZIP 47 SARLES ST
ARMONK NY 10504

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4400 North Federal Highway, Suite 210-41

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

Monda, Director 03/22/99 (561) 395-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

03/24/99