

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000105662 (5)**

1. Corporation Name

LE CERCLE TRUSTEE CORP.



Principal Place of Business 2400 EAST COMMERCIAL BLVD., STE. 820 FORT LAUDERDALE FL 33308	Mailing Address 2400 EAST COMMERCIAL BLVD., STE. 820 FORT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3021 American Saddler Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 3021 American Saddler Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/15/1997	
22 City & State 23 Park City, Utah Zip 24 84060		27 City & State 28 Park City, Utah Zip 29 84060		4. FEI Number 87-0573997 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
25 US		30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD., STE. 820
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name Forman, Robert S. Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Boulevard, #4100
83
84 City Port Lauderdale
85 Zip Code FL 33309

11. Pursuant to the provisions of Sections 607.0509 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

ROBERT S. FORMAN

(NOTE: Registered Agent signature required when reinstating)

2/24/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARK, THOMAS M		1.2 NAME David W. Johnson	
STREET ADDRESS 2400 EAST COMMERCIAL BLVD., STE. 820		1.3 STREET ADDRESS 3021 American Saddler Drive	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP Park City, Utah 84060	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

DAVID W. JOHNSON, PRESIDENT

CR2E034 (10/97)