

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90157 007 ***150.00

0187553

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000012496

1. Corporation Name
THE PERFECT CIRCLE, INC.



Principal Place of Business
~~ONE BISCAYNE TOWER, SUITE 3250~~
~~2 SOUTH BISCAYNE BLVD~~
~~MIAMI FL 33131~~

Mailing Address
ONE BISCAYNE TOWER, SUITE 3250
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **17671 N.W. 78 Ave**

2a. Mailing Address
 26 **17671 N.W. 78 Ave**

22 Suite, Apt. #, etc.

23 City & State
Miami FL

24 Zip **33015** 25 Country **USA**

28 City & State
Miami FL

29 Zip **33015** 30 Country **USA**

3. Date Incorporated or Qualified
02/06/1998

4. FEI Number
650834945

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

9. Name and Address of Current Registered Agent

TANEN, JEFFREY S ESQUIRE
ONE BISCAYNE TOWER, SUITE 3250
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	D
NAME	TANEN, JEFFREY S
STREET ADDRESS	26 BISCAYNE BLVD, STE 3250
CITY-ST-ZIP	MIAMI FL 33131
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, Treasurer, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARGARET O HALSEY
1.3 STREET ADDRESS	9501 N.W. 42nd St.
1.4 CITY-ST-ZIP	Sunrise FL 33351
2.1 TITLE	Vice President, Secretary, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bertha Warner
2.3 STREET ADDRESS	9513 N.W. 42nd St.
2.4 CITY-ST-ZIP	Sunrise FL 33351
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Margaret O Halsey MARGARET O HALSEY 2/9/99 305-828-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)