

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S42642** (6)

1. Corporation Name  
**CIRCLE L AVIATION CORPORATION**



Principal Place of Business: **ORC-BOX 472, OCEAN REEF CLUB, 8 CARDSOUND POINT ROAD, KEY LARGO FL 33037**  
Mailing Address: **100 AVENUE DR. BOX 472, KEY LARGO FL 33037, US**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 **100 ANCHOR DR., Box 472**  
27 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Organized: **04/03/1991**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **65-0251916**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

**OTZEN, KARL G.  
ORC-BOX 472, OCEAN REEF CLUB  
8 CARDSOUND POINT ROAD  
KEY LARGO FL 33037**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is the holder of the power of attorney

Signature of the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS  
12.1 TITLE: **P**  DELETE  
NAME: **OTZEN, KARL G.**  
STREET ADDRESS: **100 ANCHOR DR. BOX 472**  
CITY, ST, ZIP: **KEY LARGO FL**  
12.2 TITLE: **V**  DELETE  
NAME: **LAMMERS, GEORGE**  
STREET ADDRESS: **1801 SEMINARY**  
CITY, ST, ZIP: **ALTON IL**  
12.3 TITLE: **ST**  DELETE  
NAME: **PARKER, JR. D**  
STREET ADDRESS: **354 FOREST DRIVE**  
CITY, ST, ZIP: **WILLIAMS BAY WI**  
12.4 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
12.5 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY, ST, ZIP:  Change  Addition  
13.5 TITLE:  Change  Addition  
13.6 NAME:  
13.7 STREET ADDRESS:  
13.8 CITY, ST, ZIP:  Change  Addition  
13.9 TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 CITY, ST, ZIP:  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, or person in possession or control of 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: *Donald J. Parker, Jr.* **Donald J. Parker, Jr.** **3/6/96** **414/248-7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)