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Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

ORC-BOX 472, OCEAN REEF CLUB  
8 CARDSOUND POINT ROAD  
KEY LARGO FL 33037

100 ANCHOR DR. BOX 472  
KEY LARGO FL 33037-5277  
US

3. Date Incorporated or Qualified

04/03/1991

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P.O. Box 1056  
Suite, Apt. #, etc.

4. FEI Number

65-0251916

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Lake Geneva, WI  
Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 53147  
30 US

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME OTZEN, KARL G.  
STREET ADDRESS 100 ANCHOR DR, BOX 472  
CITY- ST- ZIP KEY LARGO FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP P.O. Box 813 2600 S. Fall Creek Rd.  
Wilson, WY 83014

TITLE V  
NAME LAMMERS, GEORGE  
STREET ADDRESS 1801 SEMINARY  
CITY- ST- ZIP ALTON IL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ST  
NAME PARKER, JR. D  
STREET ADDRESS 354 FOREST DRIVE  
CITY- ST- ZIP WILLIAMS BAY WI

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

*Donald J. Parker, Jr.*

Donald J. Parker, Jr. 2/17/97 414/248-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)