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

**PROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90016 042 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$42642

CIRCLE L AVIATION CORPORATION

Principal Plac	ce of Business .	Mailing Address			· 1991(919 11 BIB18 11919 BIB18 11819 II	## #### #### #### ##### ##### ###### ####		
100 ANCHOR DRIVE ORC 472 P.O BOX 1056 8 CANNON POINT DRIVE LAKE GENEVA WI 53147						•		
KEY LARGO FL 33037 US				DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed 04/03/1991			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	And	plied For	┨.
21		26			65-0251916	<u> </u>	t Applicable	1
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			00 000 10 10	\$8.75 A		1;
22		27			5. Certifcate of Status Desired	Fee Re		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Re	1
23		28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country	'	8. This corporation owes the current year			1
24	25	29	30		Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent		1
-	And the second s		81	Name	,			1
OTZ	IEN, KARL G. Annonipt: Dr.OG Frohatica		82	C4	(D.O. Boy Niyeshay is blat Assaytable)		·	-
			02	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
NOF	RTH KEY LARGO FL 33037	* . *	83		· · · · · · · · · · · · · · · · · · ·	机和机械设备		1
		•			1.的性子問題子問題如果 <b>於</b> 有對射	H M S H H H S		1
	•	•	84	City		85 Zip C	ode	
11. Pursuani	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the above	l e-named com	poration submits this statement for the purpose	of changing its	reaistered	1
office or	registered agent, or both, in the State of	f Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the ap	ppointment as reg	gistered	
I!",	am familiar with, and accept the obligation	ons or, Section 607.0505, Flor	ida Statutes					ł
SIGNATURE	Signature, typed or printed name of registered agent a							
12,		and title if applicable. (NOTE:	Registered Agen	it signature require	d when reinstating)2 ( ) DATE			Ι.
	OFFICERS AND		Registered Agen	it signature require	ADDITIONS/CHANGES TO OFFICERS		R\$ IN 12	1
TITLE				nt signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	- 200
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SEND & THE CONFIE IO

VERSON MY REST

414-248-7878