

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V62994

(1)

1. Corporation Name

THE FULL CIRCLE GROUP INC.



Principal Place of Business

10420 S.W. 77 AVE.
SUITE #203
MIAMI FL 33156

New Address

Mailing Address

10420 S.W. 77 AVE.
SUITE #203
MIAMI FL 33156

2. Principal Place of Business

21 3535 HIAWATHA AVE

Suite, Apt. #, etc.

22 B-312

City & State

23 Coconut Grove, FL

24 Zip

33133

Country

USA

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0358132

Applied For

Not Applicable

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

THOMAS, ANTHONY V.

10420 S.W. 77TH AVE., #203
MIAMI FL 33156

New Address

10. Name and Address of New Registered Agent

81 Name

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

3535 HIAWATHA AVE

83 B-312

84 City

Coconut Grove

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 of Registered Agent

Pres

Anthony V. Thomas 7/30/96

12. OFFICERS AND DIRECTORS

TITLE PS [] DELETE

NAME THOMAS, ANTHONY V
STREET ADDRESS 3535 HIAWATHA AVE., APT. B-312
CITY-ST-ZIP MIAMI FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony V. Thomas Pres Anthony V. Thomas 7/30/96

305 8600526

CR2E034 (12/95)