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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V66815

BOWDOIN CIRCLE CORPORATION

Principal Place	e of Business	Mailing Address				1 tabil atimes mixes atime recent transfer at	#11 WIE11 WIGHT B1D1	,
2033 MAIN ST		2033 MAIN ST						
SUITE 600 SUITE 600						DO NOT WRITE IN T	HIS SPACE	
SARASOTA FL 34237 SARASOTA FL 34237						3. Date Incorporated or Qualifed		
						09/22/1992		-
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		applied For
21		26				65-0360041	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee f	Required
City & State	е	City & State				6. Election Campaign Financing		May Be ୍
23		28				Trust Fund Contribution	Added	i to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year		
24	25	[29]	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent	-	31	Name	10. Name and Address of New Register	ea Agent	
ICAR	RD, MERRILL, CULLIS, TIMM, FUF	REN	Į`		Hamo		,	
2033 MAIN ST			8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUITE 600			-	83			118 1 36 1 52	
SARASOTA FL 34237			1	~			机的物料	
0.10			ε	34	City	THE CALL THE STATE OF THE STATE	85 Zir	Code
44 Directors	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	es the abo	DVE-	named como	ration cubmits this statement for the nurnose	of changing i	ts registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such channe was al	utborizedi	ov tr	he corporation	's board of directors. I hereby accept the ap	ppointment as	registered
SIGNATURE						when reinstating).		<u> </u>
12.	Signature, typed or printed name of registered agen		13.	gent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ODS 11 42
TITLE	PTD	N NIDECTARS						UKS IN 12
NAME	110	D DIRECTORS	_				☐ Change	
NAME	VARDON FRANK	D DIRECTORS DELETE	1.1 TITL			(\$ 850H)		
OTDEET ADDOCCO	VARDON, FRANK	☐ DELETE	1.1 TITLI 1.2 NAM	É	ADORESS			
STREET ADDRESS	2033 MAIN STREET, SUITE 600	☐ DELETE	1.1 TITLI 1.2 NAM 1.3 STRI	E EET A	ADORESS			
CITY-ST-ZIP	2033 MAIN STREET, SUITE 600 SARASOTA FL	☐ DELETE	1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	EET A				Addition
CITY-ST-ZIP TITLE	2033 MAIN STREET, SUITE 600 SARASOTA FL V	☐ DELETE	1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI	EETA '-ST-2 E			☐ Change	Addition
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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;

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90002 015 ***150.00