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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90016 031 ***150.00

000207

DOCUMENT # 161467

1. Corporation Name
MONOGRAM GENERAL AGENCY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
260 LONG RIDGE RD P. O. BOX 8109 STAMFORD CT 06927	260 LONG RIDGE RD P. O. BOX 8109 STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/08/1950

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

4. FEI Number: 59-0612148 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	ASST TREAS - TAXES	☐ Change ☒ Addition
NAME	MURPHY, A.		1.2 NAME	JOHN ALIATO	
STREET ADDRESS	260 LONG RIDGE ROAD		1.3 STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP	STAMFORD, CT 06927	
TITLE	GCS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, A.		2.2 NAME		
STREET ADDRESS	260 LONG RIDGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		2. 4 CITY-ST-ZIP		
TITLE	DVPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROUSIN, J		3.2 NAME		
STREET ADDRESS	260 LONG RIDGE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4. CITY-ST-ZIP		
TITLE	DCOB	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AGANS, R M		4. 2 NAME		
STREET ADDRESS	260 LONG RIDGE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	METCALF, MARC G		5.2 NAME		
STREET ADDRESS	1600 SUMMER ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAMPTON, R.A.		6.2 NAME		
STREET ADDRESS	260 LONG RIDGE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		6.4 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: SIGNATURE REQUIRED John Aliato 4.28.99 **203-357-4544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)