

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005805 (6)**

1. Corporation Name

**SCHMITT-SUSSMAN ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

155 BROAD STREET  
MILFORD CT 06460

155 BROAD STREET  
MILFORD CT 06460

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	11/09/1994		05/10/1995
4.	FBI Number	Applied For	
	06-0895325	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature typed or printed name of registered agent on this page only.

DATE: File agent's appointment as required and continuing.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, STANLEY H	2. NAME	
STREET ADDRESS	155 BROAD STREET	3. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	4. CITY-STATE-ZIP	
TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, VALERIE	22. NAME	
STREET ADDRESS	155 BROAD STREET	23. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	24. CITY-STATE-ZIP	
TITLE	CSTD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, JOHN C	32. NAME	
STREET ADDRESS	155 BROAD STREET	33. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	34. CITY-STATE-ZIP	
TITLE	V	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUFF, JULIE	42. NAME	
STREET ADDRESS	155 BROAD STREET	43. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	44. CITY-STATE-ZIP	
TITLE	V	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JAN	52. NAME	
STREET ADDRESS	155 BROAD STREET	53. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	54. CITY-STATE-ZIP	
TITLE	V	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSEL, MARK	62. NAME	
STREET ADDRESS	155 BROAD STREET	63. STREET ADDRESS	
CITY-STATE-ZIP	MILFORD CT	64. CITY-STATE-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)(k), 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 (changed, or on an addition with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Valerie Coffin*

3/15/96

DATE

DATE OF FILING

CR2E034 (12/95)