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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # F94000005805 (6)

1. Corporation Name
SCHMITT-SUSSMAN ENTERPRISES, INC.



Principal Place of Business: **155 BROAD STREET MILFORD CT 06460**
 Mailing Address: **155 BROAD STREET MILFORD CT 06460-4726**

3. Date Incorporated or Qualified: **11/09/1994**
 3a. Date of Last Report: **03/21/1996**

2. Principal Place of Business, Suite, Apt. #, etc. City & State Zip Country
 21 22 23 24

2a. Mailing Address, Suite, Apt. #, etc. City & State Zip Country
 26 27 28 29 30

4. FEI Number: **06-0895325**
 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
**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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SUSSMAN, STANLEY H
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT
TITLE	V
NAME	COFFIN, VALERIE
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT
TITLE	CSTD
NAME	SCHMITT, JOHN C
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT
TITLE	V
NAME	KNUFF, JULIE
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT
TITLE	V
NAME	SHERMAN, JAN
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT
TITLE	V
NAME	SESSEL, MARK
STREET ADDRESS	155 BROAD STREET
CITY-ST-ZIP	MILFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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.

SIGNATURE: *Valerie Coffin* **3/13/97** (203) 877-9804
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **COFFIN** Date: _____ Day(s) of Month: _____
 0001986

CR2E034 (9/96)