


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

FILED

**Mar 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/09/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, STANLEY H	1.2 NAME	
STREET ADDRESS	155 BROAD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, VALERIE	2.2 NAME	
STREET ADDRESS	155 BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	2.4 CITY-ST-ZIP	
TITLE	CSTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, JOHN C	3.2 NAME	
STREET ADDRESS	155 BROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUFF, JULIE	4.2 NAME	
STREET ADDRESS	155 BROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JAN	5.2 NAME	
STREET ADDRESS	155 BROAD STREET	5.3 STREET ADDRESS	400002459444
CITY-ST-ZIP	MILFORD CT	5.4 CITY-ST-ZIP	-03/17/98--01047--026
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSEL, MARK	6.2 NAME	
STREET ADDRESS	155 BROAD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	6.4 CITY-ST-ZIP	

*****150.00**

PE 3-16

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.

CR2E034 (10/97)

Handwritten signatures and dates: 3/16/98 (303) 877-9804