

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H55333** (9)

1. Corporation Name

DANBURY BUILDINGS, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| % PAUL VANCE, CUMMINGS & LOCKWOOD 10 STAMFORD FORUM STAMFORD CT 06904 | % PAUL VANCE, CUMMINGS & LOCKWOOD 10 STAMFORD FORUM STAMFORD CT 06904 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/06/1985 | 3a. Date of Last Report 02/16/1995 |
| 4. FEI Number 93-0950321 | Applied For 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 | |

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DR.
SUITE 215
DELRAY BCH. FL 33445**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 | D <input type="checkbox"/> DELETE |
| NAME | MANN, HUGO |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MANN, JOHANNES |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |
| TITLE | PVC D <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, SHEPHERD D. |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |
| TITLE | SVT <input type="checkbox"/> DELETE |
| NAME | SPEAR, JOHN M. |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |
| TITLE | SVP <input checked="" type="checkbox"/> DELETE |
| NAME | SIMONS, JOHN E. |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FIRNGES, HANS H. |
| STREET ADDRESS | 200 S VIRGINIA ST #530 |
| CITY-ST-ZIP | RENO NV |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Keating, Melvin L. |
| 1.3 STREET ADDRESS | 5509 N Military Trail, #516 |
| 1.4 CITY-ST-ZIP | Boca Raton, FL 33496 |
| 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Johnston, Shepherd D. |
| 2.3 STREET ADDRESS | 200 S. Virginia St #530 |
| 2.4 CITY-ST-ZIP | Reno, NV 89501 |
| 3.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Falvey, Stephen T |
| 3.3 STREET ADDRESS | 200 S Virginia St #530 |
| 3.4 CITY-ST-ZIP | Reno, NV 89501 |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/12/96** DAY/TIME PHONE #: **407-265-1340**

CR2E034 (12/95)