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Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05484** (1)

1. Corporation Name  
**PEOPLE'S SECURITIES, INC.**



Principal Place of Business <b>815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601</b>	Mailing Address <b>815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601-0031</b>
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3. Date Incorporated or Qualified <b>03/28/1985</b>	3a. Date of Last Report <b>02/06/1996</b>
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip 30. Country
4. FEEL Number <b>06-1082686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	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 <b>FL</b>
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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	<b>PT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODIA, ROBERT V.</b>	1.2 NAME	
STREET ADDRESS	<b>815 MAIN STREET</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BRIDGEPORT CT</b>	1.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>BIGGS, JAMES P.</b>	2.2 NAME	
NAME	<b>850 MAIN STREET</b>	2.3 STREET ADDRESS	
STREET ADDRESS	<b>BRIDGEPORT CT</b>	2.4 CITY- ST- ZIP	
CITY- ST- ZIP	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE	<b>CARSON, DAVID E.</b>	3.3 STREET ADDRESS	
NAME	<b>850 MAIN STREET</b>	3.4 CITY- ST- ZIP	
STREET ADDRESS	<b>BRIDGEPORT CT</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY- ST- ZIP	<b>D</b>	4.2 NAME	<b>Vice-President</b>
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	<b>Edward J. Kruszka</b>
TITLE	<b>MAINIERO, LEONARD N.</b>	4.4 CITY- ST- ZIP	<b>815 Main Street</b>
NAME	<b>850 MAIN STREET</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BRIDGEPORT CT</b>	5.2 NAME	
CITY- ST- ZIP	<b>S</b>	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
TITLE	<b>JORDAN, CAROLE T.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>815 MAIN STREET</b>	6.2 NAME	
STREET ADDRESS	<b>BRIDGEPORT CT</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>D</b>	6.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE		
TITLE	<b>BUCNIS, EDWARD H.</b>		
NAME	<b>850 MAIN STREET</b>		
STREET ADDRESS	<b>BRIDGEPORT CT</b>		
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 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: *Robert V Rodia* **Robert V Rodia** 2/25/97 (203) 338-0800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0002048

CR2E034 (9/96)