

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

05-46059

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90041 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05484**  
 1. Corporation Name  
**PEOPLE'S SECURITIES, INC.**



Principal Place of Business 815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601	Mailing Address 815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/28/1985</b>	Applied For Not Applicable
4. FEI Number <b>06-1082686</b>	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIA, ROBERT V.	1.2 NAME	
STREET ADDRESS	815 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIGGS, JAMES P.	2.2 NAME	HUEBNER, BRYAN J.
STREET ADDRESS	850 MAIN STREET	2.3 STREET ADDRESS	850 MAIN STREET
CITY-ST-ZIP	BRIDGEPORT CT	2.4 CITY-ST-ZIP	BRIDGEPORT, CT 06601
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DAVID E.	3.2 NAME	
STREET ADDRESS	850 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSZKA, EDWARD J	4.2 NAME	
STREET ADDRESS	815 MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, CAROLE T.	5.2 NAME	
STREET ADDRESS	815 MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCNIS, EDWARD H.	6.2 NAME	
STREET ADDRESS	850 MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	BRIDGEPORT CT	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIGGS, JAMES P.	2.2 NAME	HUEBNER, BRYAN J.
STREET ADDRESS	850 MAIN STREET	2.3 STREET ADDRESS	850 MAIN STREET
CITY-ST-ZIP	BRIDGEPORT CT	2.4 CITY-ST-ZIP	BRIDGEPORT, CT 06601
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DAVID E.	3.2 NAME	
STREET ADDRESS	850 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	3.4 CITY-ST-ZIP	
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CITY-ST-ZIP	BRIDGEPORT CT	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: *[Signature]* 2/16/99 (203) 338-0800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)