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PROFIT CORPORATION ANNUAL REPORT

1996

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P37146 DOCUMENT #

(8)

MORGANTI NATIONAL, INC	·
Principal Place of Business	Mailing Address
100 MILL PLAIN ROAD DANBURY CT 06811	POST OFFICE BOX 1919 DANBURY CT 08813-1919



					3. Date Incorporated or Qu			st Report
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··· 1	lace of Business	2a. Mailing Address			4, FEI Number			Applied For
21	26			06-0729443			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Des	ired 🔲		.75 Additional ee Required	
Oity & Stat	ϵ	City & State			6. Election Campaign Finar	ncing _	\$	5.00 May Be
23	28			Trust Fund Contribution Added to Fees				
Zip	Country Zip Country			y	8. This corporation has liab	ility for intang	gible tax und	ers 199.032,
24	25 29				Florida Statutes	🗌 Yes 🛣	No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of	New Regist	tered Agent	
			8	1 Name				
CTCC	DRPORATION SYSTEM		8	Stroot A	ddress (P.O. Box Number is Not A	nnontablel		
	/. BROWARD BLVD.		•	Street At	ddiess (r.o. Box nomber is Not At	cceptable)		
	ATION FL 33324		8	3				
10,111	11101112 00024							
			8	4 City			Fi 85	Zip Code
11 Pursuant	to the provisions of Sections 607,050	12 and 607 1509 Florida Str	atutos the above	pamed see	possilios o desilio abilio abilio	Ab		
or registe	red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	rida. Such change was auth	orized by the co	poration's b	poration submits this statement for loard of directors. I hereby accept t	trie purpose he appointm	or changing ent as regist	ris registered office ered agent. Lem
familiar w	th, and accept the obligations of, Sec	ction 607.0505, Florida Stati	utes.	,			orn do rogide	o do agon. Tam
SIGNATURE								
	Signature, typical or printed name of registered age		(NOTE: Registered Ap	ent signature reu			DATE	
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TIFLE	P	DELETE	1. 1 1ITL 1.2 NAM	1	President Donald L. Esbiorn	nson		
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Too nereby 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 convertion 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 change for in an unachment with an address.

SIGNATURE:

Secretary 1/23/96 203 763 = 2675

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR