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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

841056 DOCUMENT #
1. Corporation Name

(5)

	DEALTY.	CORPOR	ATIALL
H-110	HEAL IN	1.0 KPL IK	ALIE IN

	C DEALTY CONFORMION						
Principal Place of Business Mailing Address 411 WEST PUTNAM AVE. \$ CONCURRENCY MGMT. CORP. GREENWICH CT 06830 Mailing Address 411 WEST PUTNAM AVE. \$ CONCURRENCY MGMT. GREENWICH CT 06830			GMT. CO	RP.			
						3. Date Incorporated or Qualified 07/12/1978 3a. Date of Last Report 09/26/1995	
Principal Place of Business 1		2a. Mailing Address				4. FEI Number Applied For 13-2907171 Not Applied be	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip Countr		intry		8. This corporation has liability for intangible tax under s 199.032,	
24	9. Name and Address of Curren	11	29 30			Florida Statutes Yes No	
	o. Hame and Address of Curren	r riedistoten whatt		81	Name	10. Name and Address of New Registered Agent	
THE P	RENTICE HALL CORPORATION	SYSTEM					
	HAYES ST.	V.V.6111		82	Street A	Address (P.O. Box Number is Not Acceptable)	
STE. 105			83				
TALLA	HASSEE FL 32301			84	City	■ 85 Zip Code	
				64	City	FL 85 Zp 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 _	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	: Rogistered	i Agen	t signature rec	required when reinstating) DATE.	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	dv Holtz, robert	☐ DELETE	1.11		į	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN/2 Assisted Secretary Change Addition Arihur Amron All W. Putnam Are Coreconsist CT 0-830	
NAME	411 WEST PUTNAM AVE.		1,2 N			Arthur Amron Ave	
STREET ADDRESS	GREENWICH CT 06830					Greenwich CT OLB30	
CITY-ST-ZIP TITLE	DV	☐ DELETE	2. 1 T	ITY-S	1-2IP K	Assistant Secretary Change Paddition	
NAME	PLAUMANN, MARK		2.2 N			HASIBIAH SECIENCY	
STREET ADDRESS	411 WEST PUTNAM AVE.				ADORESS	only Sansone An West Physian Are	
CITY-ST-ZIP	GREENWICH CT 06830		2.4 C	ITY - S		Greensich CT 06830	
TITLE	P	☐ DELETE	3.11	ITLE		☐ Change ☐ Addition	
NAME	GOVEIA, FRANK		3.2 N	AME	1		
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT 06830		3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	VST U00030	I Del ETE		TY-S	T-ZIP	Change En Address	
TITLE	MAYMUDES, JAY	☐ DELETE	4.11			Change Addition	
NAME STREET ADDRESS	411 WEST PUTNAM AVE.		4.2 N		ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830			fHEET 174-S	1		
TITLE	V	☐ DELETE	5.11		1-411	Change Addition	
NAME	AMRON, ARTHUR	_	5.2 N				
STREET ADDRESS	411 WEST PUTNAM AVE.		5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		54C	ITY-S	T-ZIP		
TITLE		☐ DELETE	6.11	ITLE		☐ Change ☐ Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	and 6 that the left-residence is a second	and the file of the control of the		ITY-S		elfo for the event for stated in Posting 440 07/0/1/1 Fig. 141 Over 450 1/1 1/1	
certify that oath; that I	the information indicated on this annu	ual report or supplemental annu- ration or the receiver or trustee	al report empowe	is tru	ie and acc	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further courate and that my signature shall have the same legal effect as if made under te this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: Jay May Mucles
SIGNATURE AND SWED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR