

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P04293 (7)
1. Corporation Name
WOLFF-ZACKIN & ASSOCIATES, INC.



Principal Place of Business
135 BOLTON ROAD
PO BOX 2220
VERNON CT 06066

Mailing Address
135 BOLTON ROAD
PO BOX 2220
VERNON CT 06066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1984	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-0843864	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RABINOWITZ, KENNETH
125 WOODS LANDING TRAIL
OLDSMAR FL 34677

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT MULLEN	
STREET ADDRESS	45 VALLEY VIEW LANE	
CITY-ST-ZIP	VERNON CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HRUBALA, RONALD	
STREET ADDRESS	23 LUDWIG RD	
CITY-ST-ZIP	ELLINGTON CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RABINOWITZ, KENNETH	
STREET ADDRESS	27 ALFRED DR	
CITY-ST-ZIP	TOLLAND CT	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN J JR	
STREET ADDRESS	39 ELNA DR	
CITY-ST-ZIP	TOLLAND CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WOLFF, GREG	
STREET ADDRESS	381 TIMROD RD.	
CITY-ST-ZIP	MANCHESTER CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMAS MOELLER	
STREET ADDRESS	804 RACEBROOK RD	
CITY-ST-ZIP	ORANGE CT	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Fiore	
1.3 STREET ADDRESS	27 Brighton Lane	
1.4 CITY-ST-ZIP	Vernon, CT	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

2008-08-14 10:00am J. Smith EVPD 8/14/97 (860) 875-2591

CR2E034 (4/97)