

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

CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **524591**

(5)

1. Corporation Name

**CNK DISPOSITION CORP.**

**400001840934**  
-05/28/96--01035--058  
\*\*\*25.00

**500001840935**  
-05/28/96--01035--059  
\*\*\*200.00

Principal Place of Business

**5414 N. 56 STREET  
P.O. BOX 1096  
TAMPA FL 33610**

Mailing Address

~~5414 N. 56 STREET  
P.O. BOX 1096  
TAMPA FL 33610~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **90 CROMPTON & KNOWLES CORP.**

27 **ONE STATION PLACE**

28 **STAMFORD, CT**

29 Zip Country

30 **06902**

3. Date Incorporated or Qualified  
**01/27/1977**

3a. Date of Last Report  
**05/01/1995**

4. FET Number  
**59-0614068**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CARLTON, FIELDS, WARD, EMMANUEL, SMITH &  
C/O HEMKE, DONALD E.  
777 S. HARBOUR ISLAND BLVD.  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	CALARCO, VINCENT A.
STREET ADDRESS	ONE STATION PLACE METRO CENTER
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	S
NAME	KRUMEICH, ELIZABETH
STREET ADDRESS	ONE STATION PLACE METRO CENTER
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	V
NAME	MARSDEN, CHARLES J.
STREET ADDRESS	ONE STATION PLACE METRO CENTER
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	T
NAME	BARNA, PETER
STREET ADDRESS	ONE STATION PLACE METRO CENTER
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	AT
NAME	MARCHITELLO, RA
STREET ADDRESS	ONE STATION PLACE METRO CENTER
CITY-ST-ZIP	STAMFORD CT 06902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or correction attachment with an address.

SIGNATURE:

*JK Manktel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/96

5-1-96 OR  
(263) 253-5400