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

(0)

1. Corporation		# 5/812	20	(8)							
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Principal Place of Business Mailing Address											
800 SPRING STREET MANCHESTER CT. 06040			10	·							
				800 SPRING STREET MANCHESTER CT. 06040							
								3. Date Incorporated or Qualified	3a. Date of I	ast Be	enort
								07/10/1978	1	0/19	`
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number	Applied For		
1			26	26				59-1947553	Not Applicable		
Suite, Apt. #, etc			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing			0 May Be
23				28				Trust Fund Contribution			to Fees
Ζφ	Country			Zip Co				This corporation has liability for its accordance of the second control of the seco		ider s	199.032,
24	25			30				Florida Statutes Yes			
	9. Name	and Address of Curr	ent Regis	stered Agent		91]	Name	10. Name and Address of New R	egistered Age	nt	
1401/41/	144 PM 1 1	4145									
MCKAY, MARILLYN H				82 Street			Street Ad	ldress (P.O. Box Number is Not Acceptab	le)		
4001 LAFAYETTE AVE SEBRING FL 33872					83						
SEDRING PL 33072									····		
					84 City				FL 8	5 Zı	o Code
11. Pursuant to	o the provis	ons of Sections 607.05	02 and 60	J7.1508, Florida Statut	es, the abor	I ve n	iamed corp	oration submits this statement for the pur	pose of changing	ng its r	egistered office
or registere familiar with	ed agent, or h, and acce	both, in the State of Fic pt the obligations of, Se	irida. Suc iction 6 07	h change was authoriz 1.0505, Florida Statutes	red by the c	orpo	oration's bo	pard of directors. Thereby accept the appoint	pintment as regi	istered	agent fam
SIGNATURE											
	Slgratike typed	or printed name of registere tag				ا الم	Sajoahoo seje	mesor volus a ramedator gij momentor momentor programa i superior programa positiva positiva positiva positiva positiva positiva positiva	EATE		
12.	OTD	OFFICERS A	NO DIBE	CITORS	13.			ADDITIONS/CHANGES TO OFF		RECTO hange	RS IN 12 Addition
TITLE NAME	STD	BEVERLY R		Doneit	1 1 TI 1 2 NA					nai-ye	
STREET ADDRESS		PRING ST					ADDRESS				
CITY-ST-ZIP	MANAGEMANT OF SAME						T-ZIP				
TITLE	PD	TIEGIEN, CO COCC		☐ DELFTE	2 1 TI					hange	Addit:on
NAME		Y, MARILLYN H		_	2.2 NA	ME			-	-	
STREET ADDRESS		AFAYETTE AVE			2351	AEET	ADDRESS				
CITY - ST - ZIP	SEBRI	NG FL			2.4 CF	Y-S	I - ZIP				
TITLE	VP			☐ DELETE	3 1 II	l: F				hange	Addition
NAME		Y, KIMBLE			3.2 NA	ME					
STREET ADDRESS		AFAYETTE AVE			33 SI	HEF!	ADDRESS				
CITY-ST-ZIP	SEBRI	NG FL		F7 britis	3 4 CI		T - ZIP			han	— Marrier
TITLE	VP	WALTED A		☐ DELF1E	4 1 TI					папре	Addition
NAME CZOSEZ ADODOUS		WALTER S.			4 2 NA		*D00/:				
STREET ADORESS		Pring St Hester Ct					ADDRES-				
CITY - S1 - ZIP TITLE	MAUTO	IILSIEN UI		DELFTE	4 4 C1 5 1 TI		F-24			hanne	Addition
NAME					5 2 NA				·	- 9-	
STREET ADDRESS							ADDRESS.				
CITY-ST-ZIP					5.4.01						
TITLE				DELETE	6 1 7					hange	Addition
NAME					62 NA	Mi					
STREET ADDRESS					6351	REET	ADDRES5				
CITY-S1-ZIP					6 4 C	1Y - S	1 - ŽIP				
14. I do hereb	y certify tha	the information supplie	d with this	s filing is voluntarily für	nished and o	does	s not qualif	y for the exemption stated in Section 119	07(3)(k), Florida	Statut	es. 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 this 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:

4-18-96 203647-1694