

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 841665 (3)

1. Corporation Name

HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPO
RAITON

Principal Place of Business

300 YORK STREET
NEW HAVEN CT 06511

Mailing Address

300 YORK STREET
NEW HAVEN CT 06511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1978

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BELL, OWEN
301 DANIA BEACH BOULEVARD
DANIA, FL. K 33004

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 607.0502 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD
NEWMAN, HERBERT S.
12 ROUND HILL LANE
WOODBIDGE CT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
NEWMAN, EDNA L.
12 ROUND HILL LANE
WOODBIDGE CT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
SCHIFFER, JOSEPH C.
52 RIVERVIEW AVENUE
BRANFORD CT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
GODSHALL, ROBERT
238 ALDEN AVE.
NEW HAVEN CT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
NEWMAN, NOEL
1 ELLIOT PLACE
FAIRFIELD CT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert S. Newman

4/27/98

(203) 772-1990

Date Daytime Phone # 0618735

CR2E034 (10/97)