

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 27 1997 8:00am
Secretary of State

PROFIT* CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847998 (2)
1. Corporation Name
COSTELLO INDUSTRIES, INCORPORATED

Principal Place of Business 123 COSTELLO ROAD NEWINGTON CT 06111	Mailing Address 123 COSTELLO ROAD NEWINGTON CT 06111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/20/1981		3a. Date of Last Report 06/12/1996	
4. FEI Number 06-0613324		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. May Be Added to Fees			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, FRANK	1.2 NAME	
STREET ADDRESS	14 VERMILLION DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, ELEANOR	2.2 NAME	
STREET ADDRESS	30 HIGHWOOD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOAN	3.2 NAME	
STREET ADDRESS	151 NEWINGTON AVE #22	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRITAIN CT	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JOHN	4.2 NAME	
STREET ADDRESS	54 BALLARD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT 06119	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, ROBERT	5.2 NAME	
STREET ADDRESS	11 SILKEY HEIGHT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. GRANBY CT 06060	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

8/21/97 8:01/866-3311

CR2E034 (4/97)