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**Apr 22 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 # 850599 (2)
1. Corporation Name
STANLEY INTER-AMERICA, INC.



Principal Place of Business: **2101 NW 84 AVE MIAMI FL 33122 US**
Mailing Address: **1000 STANLEY DR. NEW BRITAIN CT 06053-1675**

3. Date Incorporated or Qualified: **10/02/1981**
3a. Date of Last Report: **04/22/1996**
4. FEI Number: **06-1049362**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
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 **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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BARTONE, MICHAEL		1.2 NAME:	
STREET ADDRESS: 338 SIR WLATER DRIVE		1.3 STREET ADDRESS: 6 PROMONTORY DRIVE	
CITY-ST-ZIP: CHESHIRE CT		1.4 CITY-ST-ZIP: CHESHIRE, CT 06410	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, THOMAS J.		2.2 NAME:	
STREET ADDRESS: 1000 STANLEY DR		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NEW BRITAIN CT		2.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COPPLE, FRANK T		3.2 NAME: DAVID MUNN	
STREET ADDRESS: 2102 NW 84 AVE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> DELETE	4.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HUCK, RICHARD		4.2 NAME: GREGORY V. RICCARDI	
STREET ADDRESS: 10 BARKER LANE		4.3 STREET ADDRESS: 2101 N.W. 84th AVE.	
CITY-ST-ZIP: KENSINGTON CT		4.4 CITY-ST-ZIP: MIAMI, FL 33122	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEDDLE, STEPHEN		5.2 NAME:	
STREET ADDRESS: 1000 STANLEY DRIVE		5.3 STREET ADDRESS:	
CITY-ST-ZIP: NEW BRITAIN CT		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, R ALAN		6.2 NAME:	
STREET ADDRESS: 241 COLD SPRINGS RD		6.3 STREET ADDRESS:	
CITY-ST-ZIP: AVON CT		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: **MICHAEL A. BARTONE** VP, TAXES **4/10/97** 860-225-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)