

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90008 034 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **853053**

1. Corporation Name  
**O.F. MOSSBERG & SONS, INCORPORATED**



Principal Place of Business  
 7 GRASSO AVENUE  
 NORTH HAVEN CT 06473

Mailing Address  
 7 GRASSO AVENUE  
 NORTH HAVEN CT 06473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/03/1982**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

4. FEI Number  
**06-0460290**

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSSBERG, ALAN I**  
**873 SECOND AVENUE SOUTH**  
**TERRA VERDE FL 33715**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSSBERG, ALAN I	
STREET ADDRESS	873 2ND AVE. SO.	
CITY-ST-ZIP	TERRA VERDE FL	
TITLE	CTO	<input type="checkbox"/> DELETE
NAME	KLANICA, B	
STREET ADDRESS	7 GRASSO AVE	
CITY-ST-ZIP	NORTH HAVEN CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NICHOLS, GEORGIA L	
STREET ADDRESS	7 GRASSO AVE	
CITY-ST-ZIP	NORTH HAVEN CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33715 (zip)	
2.1 TITLE	Vice President, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	06473 (zip)	
3.1 TITLE	No change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	06473 (zip)	
4.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOSSBERG, A. Iver	
4.3 STREET ADDRESS	7 Grasso Avenue	
4.4 CITY-ST-ZIP	North Haven, CT 06473	
5.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FEINN, Lawrence	
5.3 STREET ADDRESS	7 Grasso Avenue	
5.4 CITY-ST-ZIP	North Haven, CT 06473	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: Georgia L. Nichols Secretary Katherine Harris 14 SEP 99 (203) 230-5380

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CR2E034 (5/99)