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

PROFIT CORPORATION ANNUAL REPORT

1997 .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857717

(3)

CIGNA FINANCIAL ADVISORS, INC.

FILED									
Jun 18 1997 8	8:00am								
Secretary of	f State								

|--|--|

Principal Place of Business Mailing Address				r hadra; nara, aniki kasat tabah indik asak asaki atah anah alah atah atah atah					
900 COTTAGE BLOOMFIELD C		800 COTTAGE GROVE RD. BLOOMFIELD CT 06002-2820							
						3. Date Incorporated or Qualified 09/19/1983	1	ito of Last I 6/1996	Report
└	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
Suite, Apt.	# 810	Suite, Apt #, etc.				06-0841987			ot Applicable
22	. H. GIO.	27				5. Certificate of Status Desired			Additional equired
		City & State				6. Election Campaign Financing			May Be
23		28	.,			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry		8. This corporation has liability for in	ntangible	tax under s	s. 199.032,
24	25	29	30				Yes [
07.6	9. Name and Address of Currer	it Hegistered Agent	8	aT.	Name	10. Name and Address of New Rec	istered /	Agent	
	CORPORATION SYSTEM		6	"	Name				
) S. P ine Island Road Ntation FL 33324	•	8:	2	Street Add	dress (P.O. Box Number is Not Acceptabl	e)		
104	NIAHON FL 33324		8:	3					
			Ĺ	1					
			8	4	City		FL	85 Zip	Code
] Oπice or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	ioi Florida. Such change was	s authorized k	bν.	the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	unces of	changing i cintment as	ts registered registered
SIGNATURE	and doop, the oping	onone on obolien cor. coop, r	iona olaba	03.					
<u> </u>	Signature, typed or printed name of registered ago		DTE: Hegistered A	gen	il signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
TITLE	W DEDITOR EDWARD AL	DELETE	11 TITLE		/	Karen PRo Mathers 16 Rose wood Dr Simobury, Cot	2	Change_	Addition
NAME DEDECT LODGE OF	BERUBE, EDWARD M. 4 FERNWOOD DR.		1.2 NAME		/	16 Rose word on	12.0	Cach	my Pres)
STREET ADDRESS	WEST HARTFORD CT		1.3 STREE		JODRESS .	Similar C.L	460	~ ~	
CITY-ST-ZIP TITLE	TVP	DELETE	1.4 CITY - 2.1 THLE	_	- ZIP	someoung, G	040	Change	Addition
NAME	WICK, ALLAN P		2.2 NAME			•		[] Onlings	L Addition
STREET ADDRESS	76 CHILDS ROAD		2.3 S1REE		ADDRESS.				
CITY-ST-ZIP	EAST HAMPTON CT		2. 4 CITY						
TITLE	CCAS	DELETE	3.1 TITLE	_				☐ Change	Addilion
NAME	PICARELLO, ROBERT A.		3.2 NAME		1			_	İ
STREET ADDRESS	ONE OLD OAK DR.	_	3.3 STREE	ET A	DORESS				
CITY-ST-ZIP	SIMSBURY CT		3.4. CITY-	- S1	- ZIP				
TITLE	D	DELETÉ	4.1 TITLE					Change	Addition
NAME	THERESE M. SQUILLACOTE		4 2 NAMI		ĺ				
STREET ADDRESS	110 PENDLETON RD		4.3 STREE		1				
CITY-ST-ZIP	NEW BRITAIN CT	Deleve	4.4 CITY-		-ZIP			- 1 a	
TITLE: NAME	S KOPP, DAVID C	☐ DEFELE	5.1 TITLE					∐ Change	Addition
NAME STREET ADDRESS	60 PHEASANT HILL DR		5.2 NAME		Proces				
CITY-ST-ZIP	W HARTFORD CT	/	5.3 STREE						
TITLE	D	DELETE	5.4 CHY- 6.1 TITLE		ZIP			Change	☐ Addition
NAME	WILKINSON, JOHN	V occur	6.2 NAME				i	Unange L.	L VOREGE
STREET ADDRESS	9 KILMER LANE		6.3 STREE		DUBECC				
CITY-ST-ZIP	GRANBY CT		•						,
		h with this filing doos not our	6.4 CITY-			od in Section 110 07/2\/i\) Elorida Statutos	l f orthogr	a a will a shart	the s

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.