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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003080 (9)**  
1. Corporation Name  
**THE EAGLE GROUP OF CONNECTICUT, INC.**

Principal Place of Business Mailing Address  
**110 REED AVENUE WEST HARTFORD CT 06133-0360** **110 REED AVENUE WEST HARTFORD CT 06133-0360**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/06/1993	04/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		06-0939303	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**CATLIN, H. JAMES JR.  
1700 ALFRED 1, DUPONT BUILDING  
169 EAST FLAGLER STREET  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, BURTON J	1.2 NAME	
STREET ADDRESS	32 HEMLOCK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ESSEX CT 06426	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBACK, ALEX S	2.2 NAME	
STREET ADDRESS	65 FOXCHASE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST HARTFORD CT 06117	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONN, GARY L	3.2 NAME	
STREET ADDRESS	54 LAKE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENFIELD CT 06082	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASCI, ANTHONY JR.	4.2 NAME	
STREET ADDRESS	281 WILLIS SREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL CT 06010	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Executive Vice-President
STREET ADDRESS		5.3 STREET ADDRESS	Beaudin, William A.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	6 Pond Place
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vice President
STREET ADDRESS		6.3 STREET ADDRESS	Curtis, Richard W.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	19 Melissa Lane
			Prospect, CT 06712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Anthony Fasci, Jr. Secretary 4/19/95 (203) 953-1231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date