

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Marshall
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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, and the if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	KARP, BURTON J	
STREET ADDRESS	32 HEMLOCK DRIVE	
CITY-ST-ZIP	ESSEX CT 06426	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TOBACK, ALEX S	
STREET ADDRESS	65 FOXCHASE LANE	
CITY-ST-ZIP	WEST HARTFORD CT 06117	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BONIN, GARY L	
STREET ADDRESS	54 LAKE DRIVE	
CITY-ST-ZIP	ENFIELD CT 06082	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FASCI, ANTHONY JR.	
STREET ADDRESS	281 WILLIS SREET	
CITY-ST-ZIP	BRISTOL CT 06010	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BEAUDIN, WILLIAM A.	
STREET ADDRESS	6 POND PLACE	
CITY-ST-ZIP	AVON CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, RICHARD W.	
STREET ADDRESS	19 MELISSA LANE	
CITY-ST-ZIP	PROSPECT CT	

1. TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Karp, Burton J.	
3. STREET ADDRESS	32 Hemlock Drive	
4. CITY-ST-ZIP	Essex, CT 06426	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marshall, Sandra L.	
4.3 STREET ADDRESS	25 Jeffrey Drive	
4.4 CITY-ST-ZIP	Farmington, CT 06032	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, or on an attachment with an address.

SIGNATURE: *Sandra L. Marshall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra L. Marshall Secretary

04-19-95 (860) 953-1231

CR2E034 (12/95)