

FILE NOW - LING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT**

1994 / 1995



FLORIDA DEPARTMENT OF STATE
Jeri Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JAN 27 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
J AND D REALTY, INC. OF CT

DOCUMENT #
F93000003898 (4)

Mailing Address
**14 HIGHVIEW DRIVE
DAYVILLE CT 06241**

Principal Place of Business
**14 HIGHVIEW DRIVE
DAYVILLE CT 06241**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

2b. Principal Place of Business
SAME

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report

4. Fil Number
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

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MADEIRA JOSEPH M
245 MAC ARTHUR BLVD., #9
STUART FL 34996**

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 or Sections 617.0502 and 617.1508, 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**C/P/S
MADEIRA JOSEPH M
14 HIGHVIEW DRIVE
DAYVILLE CT 06241**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**T/D
MADEIRA DORIS E
14 HIGHVIEW DRIVE
DAYVILLE CT 06241**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**900001395019
-02/01/95--01039--023
****200.00 ****200.00**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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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 release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH M. MADEIRA 12/30/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR