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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000005223 (2)**

1. Corporation Name
BLAZZARD, GRODD & HASENAUER, P.C.

Principal Place of Business	Mailing Address
943 POST ROAD EAST **P.O. BOX 5108** **WESTPORT CT 06881**	**943 POST ROAD EAST** **P.O. BOX 5108** **WESTPORT CT 06881-5108**

3. Date Incorporated or Qualified: **10/07/1994**
3a. Date of Last Report: **03/20/1996**

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

4. FEI Number: **06-1045124** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HASENAUER, JUDITH A
101 NORTH OCEAN DRIVE, OCEAN WALK MALL
SUITE 212
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name: Hasenauer, Judith A.
82 Street Address (P.O. Box Number is Not Acceptable): 4401 West Tradewinds Avenue
83: Suite 207
84 City: Fort Lauderdale, **FL** 85 Zip Code: 33308

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	**PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**BLAZZARD, NORSE N**		1.2 NAME	
STREET ADDRESS	**943 POST ROAD EAST**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**WESTPORT CT 06880**		1.4 CITY-ST-ZIP	
TITLE	**SD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**HASENAUER, JUDITH A**		2.2 NAME	
STREET ADDRESS	**943 POST ROAD EAST**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**WESTPORT CT 06880**		2.4 CITY-ST-ZIP	
TITLE	**VTD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**GRODD, LESLIE E**		3.2 NAME	
STREET ADDRESS	**943 POST ROAD EAST**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**WESTPORT CT 06880**		3.4 CITY-ST-ZIP	
TITLE	**VD**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**HASENAUER, WILLIAM E**		4.2 NAME	
STREET ADDRESS	**943 POST ROAD EAST**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**WESTPORT CT 06880**		4.4 CITY-ST-ZIP	
TITLE	**VD**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	**O'HARA, RAYMOND A III**		5.2 NAME	
STREET ADDRESS	**943 POST ROAD EAST**		5.3 STREET ADDRESS	
CITY-ST-ZIP	**WESTPORT CT 06880**		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	VD ☐ Change ☒ Addition
NAME			6.2 NAME	Lynn K. Stone
STREET ADDRESS			6.3 STREET ADDRESS	943 Post Road East
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Westport, CT 06880

CR2E034 (9/96)

14. 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.

SIGNATURE: _____ 3/13/97