

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1994	
21		26		4. FEI Number 06-1045124	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HASENAUER, JUDITH A
4401 WEST TRADEWINDS AVE
SUITE 207
FT LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, LYNN K.			6.2 NAME			
STREET ADDRESS	943 POST RD EAST			6.3 STREET ADDRESS			
CITY-ST-ZIP	WESTPORT CT			6.4 CITY-ST-ZIP			

14. I 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

[Handwritten Signature]

4/12/98

(203)

324-7866

CR2E034 (10/97)