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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005223

1. Corporation Name

BLAZZARD, GRODD & HASENAUER, P.C.

						40 88 60 88 8 8 8 00	E KATUL BEKAL AT	. 181 6 111 111	#10 11600 ISII 1601
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			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
		WESTPORT CT 06881							Í
						10/07/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number		$\top \top$	Applied For
2. Principal Place of Business		26				06-1045124		⊢- -+	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							5 Additional
 i		27				5. Certifcate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip Country		Zip Country				8. This corporation owes the curre	nt year Inta	ngible	
24	25	29	o}		1	Personal Property Tax.		☐ Yes	□No
-7 11	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
			81	1	Name				
Hasenauer, Judith A			82	82 Street Address (P.O. Box Number is Not Acceptable)					-
4401 WEST TRADEWINDS AVE			"	Buck Address (F.S. Box Hamber to Mary Issue)					
	E:207:		83	ų –					ļ
∣ FTL	AUDERDALE FL 33308		84	1 -	City			85 Zi	ip Code
Ī	or from the			}	-		FL	1 1	
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: F			legistered Agent signature require		gnature required w	then reinstating) ADDITIONS/CHANGES TO OFF	ICERS AN	D DIREC	TORS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	1,1 TITLE			ADDITIONS/CHANGES TO OFF	IOLIKO AIV	☐ Chang	
TITLE	PD		1						, – I
NAME	BLAZZARD, NORSE N		1.2 NAME		, DDC00				
STREET ADDRESS	340 1 001 110AD EA01		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						į
CITY-ST-ZIP	WESTPORT CT 06880	☐ DELETE	2.1 TITLE	\$1-ZI	JP			Chang	ge Addition
TITLE	SD HIDE		2.2 NAME						, _
NAME	ASERAGEN, VODITI A			2.3 STREET ADDRESS					
STREET ADDRESS	943 POST ROAD EAST								!
CITY-\$T-ZIP	The state of the s			2.4 CITY-ST-ZIP				☐ Charve	ge Addition
TITLE "	VTD	Д Бесете	3.2 NAME					_ '	· –
NAME	GRODD, LESLIE E		3,3 STREE)DDECC				
STREET ADDRESS	943 POST ROAD EAST								
CITY-ST-ZIP	WESTPORT CT 06880	☐ DELETE	3.4. CITY- 4.1 TITLE		- IP			☐ Chang	ge Addition
TITLE	VD	(_) 5212.12	4.1 IIILE						
NAME	HASENAUER, WILLIAM E		4,210ML		nocee				Ì
STREET ADDRESS	0.0.00, 110, 10 m.o.								
CITY-ST-ZIP TITLE	(DELETE		4.4 CITY-5 5.1 TITLE	ا2-1	ur			☐ Chang	ge Addition
	VD	(2)	5.2 NAME					_	
NAME STREET ADDRESS	O'HARA, RAYMOND A III		5.3 STREE		DRESS				
STREET ADDRESS	943 POST ROAD EAST		5.4 CITY-5		1				ļ
CITY-ST-ZIP TITLE	WESTPURI OF U0000		6.1 TITLE					Chang	ge Addition
NAME	VD STONE LYNN K		6,2 NAME						
	STONE, LYNN K.		6.3 STREE		OORESS				
STREET ADDRESS	.943.POST-RD EAST.		I	_	Ī				

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 open attachment with an address, with all other like empowered. WESTPORT CT

6.4 CITY-ST-ZIP

SIGNATURE: