


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90068 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000005223					
1. Corporation Name BLAZZARD, GRODD & HASENAUER, P.C.					
Principal Place of Business 943 POST ROAD EAST P.O. BOX 5108 WESTPORT CT 06881			Mailing Address 943 POST ROAD EAST P.O. BOX 5108 WESTPORT CT 06881		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/07/1994 4. FEI Number 06-1045124 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <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	VTD	<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		

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

(203) 226-7826