

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

FILED
Jun 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000329 (1)**

1. Corporation Name
GINTEL EQUITY MANAGEMENT, INC.



Principal Place of Business 6 GREENWICH OFFICE PARK GREENWICH CT 06831	Mailing Address 6 GREENWICH OFFICE PARK GREENWICH CT 06831-5151
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 06-0871969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when re-voting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEOC <input type="checkbox"/> DELETE
NAME	GINTEL, ROBERT M
STREET ADDRESS	71 BALDWIN FARMS SOUTH
CITY-ST-ZIP	GREENWICH CT 06830
TITLE	VD <input type="checkbox"/> DELETE
NAME	CARROLL, EDWARD F
STREET ADDRESS	109 THORNBRIDGE DR.
CITY-ST-ZIP	STAMFORD CT 06830
TITLE	VSD <input type="checkbox"/> DELETE
NAME	GODMAN, CECIL A III
STREET ADDRESS	18 FANTON HILL RD.
CITY-ST-ZIP	WESTON CT 06883
TITLE	CFO <input type="checkbox"/> DELETE
NAME	BERMAN, ELLEN J
STREET ADDRESS	111 FOXBORO DR.
CITY-ST-ZIP	NORWALK CT 06851
TITLE	D <input type="checkbox"/> DELETE
NAME	JONAS, DEBRA L
STREET ADDRESS	88 BUCKFIELD AVE.
CITY-ST-ZIP	GREENWICH CT 06830
TITLE	D <input type="checkbox"/> DELETE
NAME	GINTEL, BARBARA L
STREET ADDRESS	71 BALDWIN FARMS SOUTH
CITY-ST-ZIP	GREENWICH CT 06830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINTEL, ROBERT M
1.3 STREET ADDRESS	71 BALDWIN FARMS SOUTH
1.4 CITY-ST-ZIP	GREENWICH, CT 06831
2.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STAVRIDIS, STEPHEN G.
2.3 STREET ADDRESS	10 PARTRICK LAKE
2.4 CITY-ST-ZIP	WEST PORT, CT 06880
3.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORIAN, P. THOMAS
3.3 STREET ADDRESS	7642 IRONWOOD COVE
3.4 CITY-ST-ZIP	MEMPHIS, TN 38115
4.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EASON, ROBERT G. L.
4.3 STREET ADDRESS	3800 HIGHLAND PARK PLACE
4.4 CITY-ST-ZIP	MEMPHIS, TN 38111
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREENWICH TALENAK, E. CHARLES
5.3 STREET ADDRESS	5641 NORMANDY ROAD
5.4 CITY-ST-ZIP	MEMPHIS, TN 38110
6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BAXTER BROWN, R. BAXTER
6.3 STREET ADDRESS	100 NORTH POINT PARKWAY #222
6.4 CITY-ST-ZIP	JACKSON, MS 39211

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 _____ 263-122-6400

CR2E034 (9/96)