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

PROFIT					
CORPORATION					
ANNUAL REPORT					
4000					

HS



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999	DIVISION OF COR	
DOCUMENT # FO	5000003	271
CARADON AMERICA INC.		
Principal Place of Business	Maili	ng Address
4350 PEACHTREE INDUSTRIAL BLVD NORCROSS GA 30071		verside av e. Port of 06880-427 9

2. Principal Place of Business		2a	, Mailing Address
21		26	2 Corporate Drive
Suite, Apt. #,	etc		Suite, Apt. #, etc.
22		27	Office #210
City & State			City & State
23		28	Trumbull, CT
Zıp	Country		Zip Country
T.7	[25]	29	06611 [30] USA

NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYS STREET, STE #2 TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 07/07/1995

4. FEI Number 34-1168821

5. Certificate of Status Desired

\$8.75 Additional Fee Required \$5.00 May Be

Applied For

Not Applicable

6. Election Campaign Financing Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax 10. Name and Address of New Regist

	L	ı	r	U	>	
ered	Αg	e	n	t		

Street Address (P.O. Box Number is Not Acceptable)

83 City 84

81 Name

82

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	e (NOTER	egistimed Agent signature	representation participation (ATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	P	DELETE	1171fLE		[] Change	[] Adoit
NAME	HEWETT, PETER J.		1.2 NAME			
STREET ADDRESS	33 RIVERSIDE AVENUE		13 STREET ADDRESS	300002766	Cremer.	e-
CITY-ST-ZIP	WESTPORT CT	,	14 CITY-\$1-ZIP		11015	U35 _
TITLE	VSD-	[] DELETE	2 I TITLE	-02/08/990 ****150.00	L J.Change	'ሰለ ^ተ ሕ ²
NAME	Barberi, Robert O		2.2 NAME	*****130,00	4-4-4-4-1,	50.00
STREET ADDRESS	3 9 RIVERSIDE AVE:		23 STREE1 ADDRESS			
CITY-ST-ZIP	WESTPORT CT		2 4 OITY-S1-ZIP			
TITLE	VAS	[DELFTE	31 TITLE	D/P/S	🗶 I Change	[] Addit
NAME	LECKIE, ROBERT B		3.2 NAME	Leckie, Robert B.		
STREET ADDRESS	33 RIVERSIDE AVE.		33 STREET ADDRESS	1		
CITY-ST-ZIP	WESTPORT CT		34 CITY-\$1-ZIP	San Antonio, TX 78249		
TITLE	D	DELE16	4.1 TITLE	D/V/Asst.S Simmons, Pat M.	K Change	[Additi
NAME	SIMMONS, PAT M		4 2 NAME	2 Corporate Drive, #210		
STREET ADDRESS	33 RIVERSIDE AVE.		43 STREET ADDRESS			
CITY-ST-ZIP	WESTPORT CT		4.4 C/TY-ST-Z/F ²			
TiTLE		[]DELETE	5 1 TITLE	T	[] Change	[X] Addai
NAME			5.2 NAME	Marshall, David M.		
STREET ADDRESS			53 STREET ADORESS	24 Queens Road		
CITY-ST-ZIP			5.4 CITY-57 - 2IF	Weybridge, Surrey England KT	13 9UX	
TITLE		[] DELETE	6 TITLE		[Change	ibbtA [_]
NAME			6.2 NAME			
STREET ADORESS			63 STREET ADDRESS			

[| Change [] Addition

14. Thereby certify that the information supplied with this filing rices 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tryated empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment of the corporation of

64 CITY-ST-ZIP

SIGNATURE:

CATY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

210/697-8888 Daytine Prioce #

18 JAN 99