## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

F95000003886 (7)

1. Corporation Name PHIRRO INC.

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Principal Place of Business Mailing Address		difress	ess		T 1001/40 HIGH IRION BIOLI BOLIS BOLIS BOLIS ABOUT EALOG STOR HEIDT ARITH BUTT SEAL				
500 NYALA FARMS			YALA FARMS						
WESTPORT C	:T 06880	WEST	PORT CT 06880			Date incorporated or Qualified     3a. Date of     08/11/1995	Last Report		
2. Principal Plac	ce of Business	2a. Mailm	ig Address			4. FEI Number 06-1429126	Applied For Not Applicable		
Suite, Apt #	, etc		. Apt. #, etc.				\$8.75 Additional		
City & State		27 City 8	k State			6. Election Campaign Financing	Fee Required  \$5.00 May Be		
City & State		28	x Citation			Trust Fund Contribution	Added to Fees		
Zip	Country	Ζφ		Country		8. This corporation has liability for intangible tax u	inder's 199.032,		
	25 g. Name and Address of Curren	29 t Registered	Agent -	30		Florida Statutes See No.  10. Name and Address of New Registered Ag	ent		
	9. Name and Address of Curren	i negistereu	Agent	81	Name	ID. None and Abdress of Now Negatives			
C T COR	RPORATION SYSTEM			82	Ct	Address (P.O. Box Number is Not Acceptable)			
	HUTH PINE ISLAND ROAD		52 Street AO		Street A	(Ogress (F.O. Box Multiple is Not Acceptable)			
	TION FL 33324			83					
				84	City	FL	85 Zip Code		
or registere	d agent, or both, in the State of Floce n, and accept the obligations of, Secti	tal Such chan	ge was authorize	ed by the con	ocation's f	rporation submits this statement for the purpose of chang board of directors. Thereby accept the appointment as re	gistered ägent. Lam		
SIGNATURE									
12.	Signature typed or procedural is of my defect with d OFFICERS ANS			11. Roj česti Age	d Signal active	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
TITLE	DC		DELETE	1 1 T TLF			Change 🔀 Addition		
NAME	DENHAM, ROBERT E			1.2 NAME		NAGY, GERALD			
STREET ADDRESS	7 WORLD TRADE CENTER			1.3 STREE	LADORESS	7WORLD TRADE CENTER			
CITY-ST-ZIP	NEW YORK NY 10048			14 CITY-	S*-7IP	NEW YORK, NY 10048			
TITLE	PD		[ DELETE	2 1 DIGE			Change Addition		
NAME	HALL, ANDREW J			2.2 NAME					
STREET ADDRESS	500 NYALA FARMS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	WESTPORT CT 06880			2.4 CITY-	ST-ZIP		Change Addition		
TITLE	V0		DELETE	3 1 TOLE		L	Change Addition		
NAME	FAUL, JOHN S			3.2 NAME					
STREET ADDRESS	500 NYALA FARMS				T ADDRESS				
Cily · ST-ZIP	WESTPORT CT 06880		DELETE	3.4 CITY -			Criange		
TITLE	CACTELLAND MICHAEL N		[] DECEME				Cuangs		
NAMÉ	CASTELLANO, MICHAEL N			4.2 NAME					
STREET ADDRESS	500 NYALA FARMS WESTPORT CT 06880				LADDAESS				
CITY-ST-ZIP	T T		DELETE	4.4 CITY - 5 - Ti <sup>1</sup> LE		Π	Change Addition		
TITLE	CRONIN, WILLIAM J			5.2 NAME			, <u></u>		
NAME	500 NYALA FARMS				LADORESS				
STREET ADORESS	WESTPORT CT 06880			5 4 CITY					
CITY - ST - ZIP T-TLE	V		DELETE	6 1 7 17 18		<u> </u>	Change Addition		
NAME	MCAVITY, MALCOLM			6.2 NAM8					
	500 NYALA FARMS				1 ADDRESS				
STREET ADDRESS	WESTPORT CT 06880			64 C/TY					
CITY ST ZIP	TILOTI OILI OI 00000		,	€ 4 C11	01 11	L	~		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 chapted, or on an attachment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

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