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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004891

1. Corporation Name

| Principal Place of Business | Mailing Address | |
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| 3 GREENWICH OFFICE PARK GREENWICH CT 06831 | 3 GREENWICH OFFICE PARK GREENWICH CT 06831 | |

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90030 040 ***150.00

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| Principal Place | e of Business | Mailing Address | | |
| 3 GREENWICH OFFICE PARK GREENWICH CT 06831 3 GREENWICH CT 06831 GREENWICH CT 06831 | | K | | |
| | | | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualifed 10/10/1995 |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| _ ' | lace of business | <u> </u> | | 34-1714149 Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | 34-17 14 149 Not Applicable |
| 22 | w, etc. | 27 | | 5. Certificate of Status Desired Fee Required |
| City & Stat | e | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | This corporation owes the current year Intangible |
| 24 | 25 | | 30 | Personal Property Tax. |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registered Agent |
| О.Т. | CODDODATION OVETEN | | 81 Name | |
| | CORPORATION SYSTEM | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) |
| | SOUTH PINE ISLAND ROAD | | | |
| PLA | NTATION FL 33324 | | 83 | |
| | | | 84 City | 85 Zip Code |
| | | | 84 City | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statute | s, the above-named cor | rporation submits this statement for the purpose of changing its registered |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was au tions of Section 607 0505. Flori | thorized by the corporat | tion's board of directors. I hereby accept the appointment as registered |
| agent. ra | in lamiliar with, and accept the obligat | dons or, section dor .boob, i lon | da Olatotes. | |
| , | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: | Registered Agent signature requir | ired when reinstating) DATE |
| SIGNATURE | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS | Registered Agent signature required 13. | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| | | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 EXECUTIVE VICE PLOS IDENT Change Addition |
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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 on an attachment with an address, with all other like empowered.

| S | C | N | Λ٦ | TI I | D | E |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

203-6294320