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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000328 (1)

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 008 ***900.00

rincipal Place of Business Mailing Address					- 1 100 ESTET 7019 TOTAL DEDIK BOTH BOTH BOTH BOTH BOTH BOTH BOTH HOLD		
1177 SUMMER ST. 1177 SUMMER ST. STAMFORD CT 06905 STAMFORD CT 06905				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
•					01/21/1997		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
26				06-1333281	Not Applicable		
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	├ ──	untry		This corporation owes or has paid the corporation owes.	urrent year Intangible Yes No		
25 29 30 30 30 30 30 30 30 30 30 30 30 30 30				10. Name and Address of New Registered Agent			
		81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)				
		84	City	FL	85 Zip Code		
	2a. Mailing Add 26 Suite, Apt. # 27 City & State 28 Zip 29 ent Registered Agent	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Co 29 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 cnt Registered Agent 81	28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Int Registered Agent 81 Name 82 Street Addres 83	1177 SUMMER ST. STAMFORD CT 06905 DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 01/21/1997 4. FEI Number 06-1333281 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 28		

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, 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

GNATURE						
	Signature, typed or printed name of registered agent and trile if appli-		Registered Agent signature requ		20 151 10	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
i LE	DP	☐ DELETE	1,1 TITLE	Change	Addition	
.4ME	nutter, W. Lee		1 2 NAME			
TREET ADDRESS	1177 SUMMER ST.		1.3 STREET ADDRESS			
ITY - ST - ZIP	STAMFORD CT 06905		1.4 CITY-ST-ZIP		1	
ILE.	S	□ DELETE	2.1 TITLE	Change	Addition	
-AME	Canning, John B		2.2 NAME			
TREET ADDRESS	1177 SUMMER ST.		2 3 STREET ADDRESS			
TY - ST - ZIP	STAMFORD CT 06905		2. 4 CITY - ST - ZIP			
'(E	0	DELETE	3 1 TITLE	Change	Addition	
:M€	O'GRADY, JOHN P.		32 NAME			
'REET ADDRESS	1177 SUMMER ST.		3 3 STREET ADDRESS			
'Y ST-ZIP	STAMFORD CT 06905		3.4. CITY-ST-ZIP			
'1 f	V	DELETE	4 1 TITLE	Change	Addition	
AME .	Brannon, Timothy H		4, 2 NAME			
HEET ADDRESS	4470 SAVANNAH HWY.		4 3 STREET ADDRESS			
'+ ST-ZIP	JESUP GA 31545		4.4 CITY - ST - ZIP			
t)	T	☐ DELETE	51 TITLE	Change	Addition	
TME	AUGUSTE, MACDONALD		5.2 NAME			
HEET ADDRESS	1177 SUMMER ST.		5 3 STREET ADORESS			
+ ST-ZIP	STAMFORD CT 06905		5.4 CITY+ST+ZIP			
ıŧ	· · · · · · · · · · · · · · · · · · ·	DELETE	6 1 TITLE	Change	Addition	
:ME			5 2 NAME			
HET ADDRESS			6 3 STREET ADDRESS			
'Y ST-ZIP			64 CITY - ST - ZIP			

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 strue 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 of trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all bither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

207-318-700V

CR2E034 (10/97)