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FILED
Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-08-1999 90036 009 ***150.00

DOCUMENT # F97000004540

1. Corporation Name
COLONIAL SURETY COMPANY

Principal Place of Business
 50 CHESTNUT RIDGE ROAD
 MONTVALE NJ 07645

Mailing Address
 50 CHESTNUT RIDGE ROAD
 MONTVALE NJ 07645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

23-0485115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE: STD
 NAME: GALLO, FREDERICK S
 STREET ADDRESS: 2 PINE LANE
 CITY-ST-ZIP: BAYVILLE NY

TITLE: VD
 NAME: ROTELLA, ANTHONY J
 STREET ADDRESS: 471 WILLOW AVE
 CITY-ST-ZIP: LYNDHURST NJ

TITLE: D
 NAME: DITTRICH JR, RAYMOND R
 STREET ADDRESS: 8417 EAST LAJUNTA PLACE
 CITY-ST-ZIP: SCOTTSDALE AZ

TITLE: D
 NAME: PEITLER, MICHAEL A
 STREET ADDRESS: 25 VIA LUCA
 CITY-ST-ZIP: IRVINE CA

TITLE: PCD
 NAME: NUNZIATA, WAYNE T
 STREET ADDRESS: 12 OLD ORCHARD DRIVE
 CITY-ST-ZIP: WESTON CT

TITLE: D
 NAME: NUNZIATA, JANET
 STREET ADDRESS: 12 OLD ORCHARD DRIVE
 CITY-ST-ZIP: WESTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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.

SIGNATURE:

Frederick S. Gallo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-99

201 573 8788

Daytime Phone #

CR2E034 (1/198)