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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90078 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002458

1. Corporation Name
ANO-COIL CORPORATION

Principal Place of Business

60 E. MAIN ST.
P.O. BOX 1318
ROCKVILLE CT 06066

Mailing Address

60 E. MAIN ST.
P.O. BOX 1318
ROCKVILLE CT 06066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

13-1669409

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CTP** ☐ DELETE
NAME **FROMSON, HOWARD A**
STREET ADDRESS **ONE GOLD ST.**
CITY-ST-ZIP **HARTFORD CT 06103**

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

TITLE **DS** ☐ DELETE
NAME **DECOSTER, PAUL H**
STREET ADDRESS **450 WEST END AVE.**
CITY-ST-ZIP **NEW YORK NY 10024**

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

TITLE **V** ☐ DELETE
NAME **FROMSON, TIMOTHY A**
STREET ADDRESS **469 EASTBURY HILL RD.**
CITY-ST-ZIP **GLASTONBURY CT 06033**

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

TITLE **VCFO** ☐ DELETE
NAME **BUJESE, DAVID M**
STREET ADDRESS **14 NOAH LANE**
CITY-ST-ZIP **TOLLAND CT 06084**

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

TITLE **V** ☐ DELETE
NAME **KNORR, C.G. JR.**
STREET ADDRESS **129 STONEPOST RD.**
CITY-ST-ZIP **GLASTONBURY CT 06033**

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

TITLE **AS** ☐ DELETE
NAME **MICHAELS, JOSEPH IV**
STREET ADDRESS **33 SURREY LANE**
CITY-ST-ZIP **ROCKVILLE CENTRE NY 11570**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. BUJESE

4/1/99

860-871-1200

Date

Daytime Phone #

CR2E034 (1/98)