

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H68918** (2)

1. Corporation Name
JAMES A. CONNOLLY ASSOCIATES, INC.

Principal Place of Business 46 N. WASHINGTON BLVD. #21 SARASOTA FL 34236	Mailing Address 46 N. WASHINGTON BLVD. #21 SARASOTA FL 34236-5982
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3. Date Incorporated or Qualified 07/17/1985		3a. Date of Last Report 02/20/1996	
4. FEI Number 59-2583763		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/17/1985		3a. Date of Last Report 02/20/1996	
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9. Name and Address of Current Registered Agent
**CONNOLLY, MICHAEL A. ESQ.
46 N. WASHINGTON BLVD. #21
SARASOTA FL 34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNOLLY, JAMES A.		1.2 NAME	
STREET ADDRESS 6145 SUN BLVD., #506		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33715		1.4 CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNOLLY, JOHN L.		2.2 NAME	
STREET ADDRESS FIVE HIGH RIDGE PARK		2.3 STREET ADDRESS	
CITY-ST-ZIP STAMFORD CT 06905		2.4 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, ELIZABETH C		3.2 NAME	
STREET ADDRESS FIVE HIGH RIDGE PARK		3.3 STREET ADDRESS	
CITY-ST-ZIP STAMFORD CT 06905		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TINSLEY, T.V. SR.		4.2 NAME	
STREET ADDRESS 10 W. NORTHAMPTON ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP WILKES BARRE PA 18701		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *James A. Connolly* Jan. 13, 1997 813-867 3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)