FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89598** **(3)**

1. Corporation Name
HARTFORD INVESTMENT GROUP, INC.

Principal Place of Business
P.O. BOX 1449
PORT SAIERNO FL 34992

Mailing Address
P.O. BOX 1449
PORT SAIERNO FL 34992

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0005070** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent

FRASIER, STEPHEN C.
215 SOUTH FEDERAL HWY, STE 100
STUART FL 34994

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 617.0502, 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 Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MANNARINO, FRANK	4905 SE DIXIE HWY	PART SALERNO FL
D	ZOCCO, CHESTER C.	177 HIGHLAND ST	ROCKY HILL CT
D	DALENE, ARNE H.	45 NUTMEG DR	S WINDSOR CT
D	SCELZA, JOHN H.	116 EDDY LANE	NEWINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frank Mannarino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/3/95 — Daytime Phone #

0464490 FP