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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K29968** **(0)**

1. Corporation Name

CONNECTICUT GENERAL DEVELOPMENT UTILITIES, INC.

Principal Place of Business

% VICTORIA DORADO
7600 U.S. 1
MICCO FL 32976-7437

Mailing Address

% VICTORIA DORADO
7600 U.S. 1
MICCO FL 32976-7437

3. Date Incorporated or Qualified: **07/28/1988**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **65-0148517** [ ] 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**

DORADO, VICTORIA
4039 SNOWY EGRET DR
MELBOURNE FL 32904

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	GOULD, PAUL L.	1.2 NAME	
STREET ADDRESS	RANCHO LA PUERTA 419	1.3 STREET ADDRESS	
CITY-ST-ZIP	TECATE CA 91980	1.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	GOULD, ROBERT L.	2.2 NAME	
STREET ADDRESS	10 WRABEL CIR. UNIT 507J	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE CT 06468	2.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	SILKOFF, CHERYL G.	3.2 NAME	
STREET ADDRESS	93 DEEPWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTON CT 06612	3.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	ROTH, JOAN L.	4.2 NAME	
STREET ADDRESS	172 DEAN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	4.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	ROTH, ROBERT S.	5.2 NAME	
STREET ADDRESS	172 DEAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA 02146	5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 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: [signature] 4/26/96 (407) 664-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)