

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90201 048 ***150.00

DOCUMENT # K29968

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D GOULD, PAUL L.
STREET ADDRESS
328 SWANTON ROAD
CITY-STATE-ZIP
DAVENPORT CA

TITLE ☐ DELETE

NAME
D GOULD, ROBERT L.
STREET ADDRESS
10 WRABEL CIR. UNIT 507J
CITY-STATE-ZIP
MONROE CT 06468

TITLE ☐ DELETE

NAME
D SILKOFF, CHERYL G.
STREET ADDRESS
93 DEEPWOOD ROAD
CITY-STATE-ZIP
EASTON CT 06612

TITLE ☐ DELETE

NAME
D ROTH, JOAN L.
STREET ADDRESS
172 DEAN ROAD
CITY-STATE-ZIP
BROOKLINE MA

TITLE ☐ DELETE

NAME
D ROTH, ROBERT S.
STREET ADDRESS
172 DEAN RD
CITY-STATE-ZIP
BROOKLINE MA 02146

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

4/20/99 (561) 664-1000

Date

Daytime Phone #

CR2E034 (11/98)

05/0393