

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 020 ****61.25

DOCUMENT # N 95000003171

1. Corporation Name

OPPORTUNITIES, INC.

Principal Place of Business

Mailing Address

ONE PARKLAND PLACE
MILFORD, CT 06460

P.O.B 5225
MILFORD, CT 06460



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0613182

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEYMAN, HARRIS J ESQ.
1110 BRICKELL AVENUE STE 407
MIAMI FL 33131

81

Name

REBECCA HEYMAN

82

Street Address (P.O. Box Number is Not Acceptable)

715 SW 4th Street #3

83

84

City

FT LAUDERDALE

FL

85

Zip Code

33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HEYMAN, HARRIS J.

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

ONE PARKLAND PLACE
MILFORD, CT 06460

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME NISEN, AMY

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

2 CORNELL DRIVE

CITY-ST-ZIP

2.4 CITY-ST-ZIP

LINCOLNSHIRE, IL 60069

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WALKER, FERN

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

6 CHESHIRE COURT

CITY-ST-ZIP

3.4 CITY-ST-ZIP

BROOKFIELD CT 06804

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

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 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 617, 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:

HARRIS J. HEYMAN

7-21-99

203-882-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)