

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04293** (7)
1. Corporation Name
WOLFF-ZACKIN & ASSOCIATES, INC.



Principal Place of Business: 135 BOLTON ROAD, PO BOX 2220, VERNON CT 06066
Mailing Address: 135 BOLTON ROAD, PO BOX 2220, VERNON CT 06066

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

3. Date Incorporated or Qualified: 12/10/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 06-0843864
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

9. Name and Address of Current Registered Agent
**ZACKIN, ARNOLD S
125 WOODS LANDING TRAIL
PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent
81 Name: **Rabinowitz, Kenneth**
82 Street Address (P.O. Box Number is Not Acceptable): **125 Woods Landing Trail**
83
84 City: **Oldsmar** FL 85 Zip Code: **34677**

11. Pursuant to the provisions of Sections 607.0509 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: *Kenneth Rabinowitz* **Kenneth Rabinowitz, Sec., 4/24/96**
DATE: 4/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZACKIN, ARNOLD S	
STREET ADDRESS	297 FERGUSON RD	
CITY-ST-ZIP	MANCHESTER CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HRUBALA, RONALD	
STREET ADDRESS	23 LUDWIG RD	
CITY-ST-ZIP	ELLINGTON CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RABINOWITZ, KENNETH	
STREET ADDRESS	27 ALFRED DR	
CITY-ST-ZIP	TOLLAND CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN J JR	
STREET ADDRESS	39 ELNA DR	
CITY-ST-ZIP	TOLLAND CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLFF, GREG	
STREET ADDRESS	361 TIMROD RD.	
CITY-ST-ZIP	MANCHESTER CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Muller	
1.3 STREET ADDRESS	45 Valley View Lane	
1.4 CITY-ST-ZIP	Vernon, CT 06066	
2.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	←	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Executive Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	←	
4.4 CITY-ST-ZIP		
5.1 TITLE	Chairman & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	←	
5.4 CITY-ST-ZIP		
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas Moeller	
6.3 STREET ADDRESS	904 Racebrook Rd.	
6.4 CITY-ST-ZIP	Orange, CT 06477	

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 unchanged, or on an attachment with an address.
SIGNATURE: *Kenneth Rabinowitz* Secretary 4/24/96 (203) 875-2591
DATE: 4/24/96 DAYTIME PHONE: (203) 875-2591

CR2E034 (12/95)