


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

000170

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # P04293

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
----------------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/10/1984	
4. FEI Number 06-0843864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RABINOWITZ, KENNETH
125 WOODS LANDING TRAIL
OLDSMAR FL 34677
HOME PHONE

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT MULLEN	
STREET ADDRESS	45 VALLEY VIEW LANE	
CITY-ST-ZIP	VERNON CT	
TITLE	PD	<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	EVPD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN J JR	
STREET ADDRESS	39 ELNA DR	
CITY-ST-ZIP	TOLLAND CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WOLFF, GREG	
STREET ADDRESS	361 TIMROD RD.	
CITY-ST-ZIP	MANCHESTER CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FIGORE, JOSEPH	
STREET ADDRESS	27 BRIGHTON LANE	
CITY-ST-ZIP	VERNON CT 06066	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	126 Tamama
5.4 CITY-ST-ZIP	Glastonbury, CT 06033
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Joseph Fiore, EVPD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 860-896-2203
 Date Daytime Phone #

CR2E034 (11/98)