

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P12324 (0)  
1. Corporation Name  
**GENERAL DEFENSE CORPORATION**



Principal Place of Business: 10101 9 ST N./ATTN: LEGAL DEPARTMENT P O BOX 21606 ST PETERSBURG FL 33716 US  
Mailing Address: 10101 9 ST N./ATTN: LEGAL DEPARTMENT P O BOX 21606 ST PETERSBURG FL 33716 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 same	26 501 Merritt 7, P.O. Box 4500	12/02/1986	03/14/1995
22 Suite, Apt. #, etc.	27 Tex Dept.	4. FEI Number	Applied For / Not Applicable
23 City & State	28 Norwalk Conn.	23-1932238	
24 Zip	29 068564500	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 date of registration

NOTE: For New Agent, include the previous registration

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANI, A A	1.2 NAME	
STREET ADDRESS	5928 SEABIRD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, M.S.	2.2 NAME	
STREET ADDRESS	2492 STAGRUN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSLUND, CAROL L	3.2 NAME	
STREET ADDRESS	722 CAPTIVA CT NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERPONT, J.M	4.2 NAME	
STREET ADDRESS	57 MIDDLESEX ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, ALBERT J	5.2 NAME	
STREET ADDRESS	2836 SEABREEZE DR SO	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFNEY, J.M.	6.2 NAME	
STREET ADDRESS	38 SOUTHRIDGE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	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 as an attachment with an address.

SIGNATURE: *Janet M. Pierpont* Janet M. Pierpont 4/15/94

CR2E034 (12/95)