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 # **P22715** **(7)**

1. Corporation Name

KONOVER MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2410 ALBANY AVENUE WEST HARTFORD CT 06117	2410 ALBANY AVENUE WEST HARTFORD CT 06117

3. Date Incorporated or Qualified: **01/25/1989**
3a. Date of Last Report: **05/24/1995**
4. FEI Number: **06-1110121** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNGER, EDWARD M.		1.2 NAME	
STREET ADDRESS	345 NORTH MAIN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT		1.4 CITY-ST-ZIP	
TITLE	EVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ALAN E.		2.2 NAME	
STREET ADDRESS	2410 ALBANY AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GERSHMAN, DONALD S.		3.2 NAME	
STREET ADDRESS	2410 ALBANY AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, RICHARD D.		4.2 NAME	
STREET ADDRESS	2410 ALBANY AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KONOVER, MICHAEL		5.2 NAME	
STREET ADDRESS	2410 ALBANY AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD CT		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	INTINO, ANTHONY F, II		6.2 NAME	
STREET ADDRESS	2410 ALBANY AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD 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)(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 attached sheet, with an address.

SIGNATURE: _____ 4/21/96 860-233-5519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald S. Gershman, Secretary

CR2E034 (12/95)