

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG -5 PM 3:38

DOCUMENT # P22715 (7)
1. Corporation Name
KONOVER MANAGEMENT CORPORATION



Principal Place of Business 2410 ALBANY AVENUE WEST HARTFORD CT 06117	Mailing Address 2410 ALBANY AVENUE WEST HARTFORD CT 06117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1989		3a. Date of Last Report 03/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-1110121		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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) 6300 BIRCHWOOD BLVD -08/08/97 -01141-015 ***\$165.00 ***\$165.00			
83				84 City			
85 Zip Code				FL			

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 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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNGER, EDWARD M.			1.2 NAME	R. Michael Goman		
STREET ADDRESS	345 NORTH MAIN STREET			1.3 STREET ADDRESS	2410 Albany Avenue		
CITY-ST-ZIP	W. HARTFORD CT			1.4 CITY-ST-ZIP	West Hartford, CT 06117		
TITLE	EVP	<input type="checkbox"/> DELETE		2.1 TITLE	SEVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, ALAN E.			2.2 NAME	Simon Konover		
STREET ADDRESS	2410 ALBANY AVE.			2.3 STREET ADDRESS	2410 Albany Avenue		
CITY-ST-ZIP	W. HARTFORD CT			2.4 CITY-ST-ZIP	West Hartford, CT 06117		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERSHMAN, DONALD S.			3.2 NAME	Lisa Whitney		
STREET ADDRESS	2410 ALBANY AVE.			3.3 STREET ADDRESS	345 North Main Street		
CITY-ST-ZIP	W. HARTFORD CT			3.4 CITY-ST-ZIP	West Hartford, CT 06117		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, RICHARD D.			4.2 NAME	Richard C. Liljedahl		
STREET ADDRESS	2410 ALBANY AVE.			4.3 STREET ADDRESS	2410 Albany Avenue		
CITY-ST-ZIP	W. HARTFORD CT			4.4 CITY-ST-ZIP	West Hartford, CT 06117		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KONOVER, MICHAEL			5.2 NAME	Fred P. Steinmark		
STREET ADDRESS	2410 ALBANY AVENUE			5.3 STREET ADDRESS	7000 West Palmetto Park Rd. Suite 408		
CITY-ST-ZIP	W. HARTFORD CT			5.4 CITY-ST-ZIP	Boca Raton, FL 33433		
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	INTINO, ANTHONY F, II			6.2 NAME	John J. Anderson		
STREET ADDRESS	2410 ALBANY AVE			6.3 STREET ADDRESS	345 North Main Street		
CITY-ST-ZIP	W. HARTFORD CT			6.4 CITY-ST-ZIP	West Hartford, CT 06117		

14. I do 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 registered agent 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.

SIGNATURE: _____ 7/31/97 (860) 233-5519

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KONOVER MANAGEMENT CORPORATION

1997 Profit Corporation Report

13. Officers and Directors (cont.) (Additions)

Susan W. Vinhais
Assistant Secretary
2410 Albany Avenue
West Hartford, CT 06117

Maria Ashenfelter
Assistant Secretary
7000 West Palmetto Park Road
Suite 408
Boca Raton, FL 33433