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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26277 (4)

1. Corporation Name
EE LINDEN ASSOCIATES, INCORPORATED

Principal Place of Business
85 OLD KINGS HWY NORTH
DARIEN CT 06820
US

Mailing Address
85 OLD KINGS HWY NORTH
DARIEN CT 06820-4724
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
09/29/1989

3a. Date of Last Report
01/25/1996

4. FEI Number
08-0908189

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

9. Name and Address of Current Registered Agent

BOE, GLEN P
11400 OVERSEAS HWY
MARATHON FL 33050

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

Signature type for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTSD ☐ DELETE
NAME LINDEN, ELWIN E.
STREET ADDRESS 28 GERDES RD.
CITY-ST-ZIP NEW CANAAN CT

TITLE PD ☐ DELETE
NAME LINDEN, PETER B
STREET ADDRESS 305 FLORIDA HILL RD
CITY-ST-ZIP RIDGEFIELD CT

TITLE VD ☐ DELETE
NAME BAYS, JOHN T
STREET ADDRESS 18 MARION RD
CITY-ST-ZIP WESTPORT CT

TITLE V ☒ DELETE
NAME MACKENZIE, KENNETH A
STREET ADDRESS 14 MULBERRY ST
CITY-ST-ZIP RIDGEFIELD CT

TITLE VD ☐ DELETE
NAME OSBORNE, DAVID
STREET ADDRESS 62 HIGH RIDGE ROAD
CITY-ST-ZIP REDDING CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 its 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 in the attached attachment with an address.

SIGNATURE:

PETER B. LINDEN

1-6-97

203-655-4337

Date

Daytime Phone #

0001144

CR2E034 (9/96)