

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P27192** (4)

1. Corporation Name

SWANKE HAYDEN CONNELL LTD. INCORPORATED

Principal Place of Business

**295 LAFAYETTE ST
NEW YORK NY 10012
US**

Mailing Address

**295 LAFAYETTE ST
NEW YORK NY 10012
US**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
PD	HAYDEN, RICHARD S.	296 FLORIDA HILL RD	RIDGEFIELD CT	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
SD	ALEXANDER, GEORGE G	70 LITCHFIELD PONDS RD	LITCHFIELD CT	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP
TD	CARLSON, RICHARD A.	509 FIRST ST.	BROOKLYN NY	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP
AS	FOGARTY, GERALD E.	32 COS COB AVE.	COS COB CT	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP
AS	PRUDON, THEO	140 EIGHTH AVENUE	BROOKLYN NY	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP
				61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-ZIP

14. I do hereby certify that the information appearing on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 3 of this statement, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Hayden, President

3/28/95 (M2) 776-9696

Date of Filing

CR2E034 (12/95)