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May 06 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 # P33661

(0)

1. Corporation Name
CIG MANAGEMENT COMPANY



Principal Place of Business

Mailing Address

260 LONG RIDGE RD.
STAMFORD CT 06927
US

% CAPITAL CORPORATION
P.O. BOX 9550
FT. MYERS FL 33906-9550

3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 04/14/1996
4. FEI Number 51-0333338	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	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
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, 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	CD	1.1 TITLE	First TRAs - Taxes
NAME	ROTHMAN, ROBERT	1.2 NAME	Gary S. Schulman
STREET ADDRESS	8875 HIDDEN RIVER PK 350	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Stamford, CT 06927
TITLE	VP	2.1 TITLE	
NAME	GIBBS, THOMAS E.	2.2 NAME	
STREET ADDRESS	50 LAURA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	VOSS, DEANNA	3.2 NAME	
STREET ADDRESS	1100 CARR ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BEALE, CHARLES L.	4.2 NAME	
STREET ADDRESS	1100 CARR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	
NAME	GARRITY, MARTIN A.	5.2 NAME	
STREET ADDRESS	1100 CARR ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 attachment with an address.

SIGNATURE: *Gary S. Schulman* *GARY S. SCHULMAN* 4-27-97 203-357-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0408453

CR2E034 (9/96)