


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39145** (8)
1. Corporation Name
SANTORO, INC./SANTORO INC. OF CONNECTICUT



Principal Place of Business 207 STAMM ROAD NEWINGTON CT 06111	Mailing Address 207 STAMM ROAD NEWINGTON CT 06111 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1992	
21		26		4. FEI Number 06-1322163	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 undersigned corporation submits this statement for the purpose of changing its 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	PT	1	
NAME	SANTORO, ANNELISA	1	
STREET ADDRESS	235 ARCH ROAD	1	
CITY-ST-ZIP	AVON CT	1	
TITLE	CD	2	
NAME	SANTORO, ANNELISA	2	
STREET ADDRESS	235 ARCH ROAD	2	
CITY-ST-ZIP	AVON CT	2	
TITLE	SD	3	
NAME	MAZZOCHI, MELISSA S.	3	
STREET ADDRESS	626 TORRINGTON STREET	3	
CITY-ST-ZIP	TORRINGTON CT	3	
TITLE		4	
NAME		4	
STREET ADDRESS		4	
CITY-ST-ZIP		4	
TITLE		5	
NAME		5	
STREET ADDRESS		5	
CITY-ST-ZIP		5	
TITLE		6	
NAME		6	
STREET ADDRESS		6	
CITY-ST-ZIP		6	

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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; 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: *Annelisa Santoro* ANNELISA SANTORO 1-15-98 (860) 605-1232

CR2E034 (10/97)