

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40063** (0)

1. Corporation Name

OLD FARMS MANAGEMENT, INC.



Principal Place of Business

**920 FARMINGTON AVENUE
WEST HARTFORD CT 06107**

Mailing Address

**920 FARMINGTON AVENUE
WEST HARTFORD CT 06107**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 **50 Founders Plaza**
27 **Suite 207**
28 **EAST Hartford, CT**
29 **06108**
30 Country

9. Name and Address of Current Registered Agent

**NATION, DEBRA
4711 SOUTH HIMES AVE.
TAMPA FL 33611**

3. Date Incorporated or Qualified **08/17/1992**
3a. Date of Last Report **04/11/1995**
4. FEI Number **06-1323118**
5. Cert State 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

10. Name and Address of New Registered Agent

81 Name **Donna Carlton**
82 Street Address (P.O. Box Number is Not Acceptable) **4711 South Himes Avenue**
83
84 City **Tampa** FL 85 Zip Code **33611**

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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 duties of, Sections 607.0502 and 607.1305, Florida Statutes.

SIGNATURE *Donna M Carlton* DATE **3/21/96**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DURHAM, JAMES M.	
STREET ADDRESS	7 TUNXS ROAD	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALLETTO, SALLY	
STREET ADDRESS	138 MOUNTAIN SPRINGS RD	
CITY-ST-ZIP	BURLINGTON CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an appointment with an address.

SIGNATURE: *James M Durham*, **JAMES M. DURHAM, PRESIDENT** 3-21-96 800-831-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)