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Mar 10 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 # P94000011598 (7)

1. Corporation Name

ORAGE CORPORATION



Principal Place of Business

9790 77TH STREET NORTH
LOT 164
PINELLAS PARK FL 34666

Mailing Address

210 MAIN STREET
MANCHESTER CT 06040

2. Principal Place of Business

21 9790 66th Street North

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33782 Country

28 Zip Country

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

02/05/1996

4. FEI Number

APPLIED FOR 59-3353512

Applied For

Not Applicable

6. 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

LOZIER, BERNARD A
9790 66TH STREET NORTH
LOT 164
PINELLAS PARK FL 34666

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 33782

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

TITLE M
NAME LOZIER, JAMES P
STREET ADDRESS 714 CRYSTAL LAKE ROAD
CITY- ST- ZIP TOLLAND CT 06084

TITLE D
NAME LALANCETTE, GERARD A
STREET ADDRESS 151 ELDRIDGE STREET
CITY- ST- ZIP MANCHESTER CT 06040

TITLE D
NAME LUZZI, JOSEPH F
STREET ADDRESS 323 COUNTRY CLUB ROAD
CITY- ST- ZIP AVON CT 06001

TITLE D
NAME WILLIAMS, MELVIN P
STREET ADDRESS 210 MAIN STREET
CITY- ST- ZIP MANCHESTER CT 06040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 531 Wells Road
1.4 CITY- ST- ZIP Wethersfield, CT 06109

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

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

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

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

6.1 TITLE
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 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:

Melvin P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin P. Williams

2/19/97

Date

860-649-0305

Daytime Phone

CR2E034 (9/96)