

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000005258
 1. Corporation Name

Two Twenty-Two Eighty-Four, Inc.

Principal Place of Business
**44 Coconut Row
 Palm Beach, Florida
 33480**

Mailing Address
**44 Coconut Row
 Palm Beach, Florida
 33480**

3. Date Incorporated or Qualified **Jan. 12, 1995** 3a. Date of Last Report **First Report**

21	2. Principal Place of Business 44 Coconut Row	26	2a. Mailing Address 44 Coconut Row	4.	FEI Number 65-0552624	Applied For Not Applicable
22	Suite, Apt #, etc	27	Suite, Apt #, etc	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Palm Beach FL	28	City & State Palm Beach FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33480	29	Zip 33480	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country Palm Beach	30	Country Palm Beach			

9. Name and Address of Current Registered Agent

**Lorraine Marquis
 3919 S.W. Whispering Sound
 Palm City, Florida 34990**

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

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 block applicable

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith S. Novak	12 NAME	
STREET ADDRESS	44 Coconut Row	13 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	14 CITY-ST-ZIP	
TITLE	Secretary/Director <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer D. Port	22 NAME	
STREET ADDRESS	One Dewart Road	23 STREET ADDRESS	
CITY-ST-ZIP	Greenwich, CT 06830	24 CITY-ST-ZIP	
TITLE	Vice Pres./Director <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorraine Marquis	32 NAME	
STREET ADDRESS	3919 S.W. Whispering Sound	33 STREET ADDRESS	
CITY-ST-ZIP	Palm City, FL 34990	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	000001899490
CITY-ST-ZIP		54 CITY-ST-ZIP	-07/19/96--01055--013
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	***225.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

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, and 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennifer D. Port (Jennifer D. Port) 7/10/96 203-661-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (3/96)