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FILED
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 # S51040 (1)

1. Corporation Name
FLAMINGO S.C. CORP.

Principal Place of Business

260 LONG RIDGE RD
STAMFORD CT 06927
US

Mailing Address

DEPT. 8108
LONG RIDGE RD.
STAMFORD CT 06927
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

04/14/1996

4. FEI Number

59-3067945

Applied For

Not Applicable

5. 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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME PFEIFFER, ROBERT E.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE DP
NAME FRAIZER, MICHAEL D.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE T
NAME AMBLE, JOAN C.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE DVS
NAME HENRY, DAVID B.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE V
NAME FIORE, DOMINIC A.
STREET ADDRESS 777 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE AS
NAME DELUCA, PATRICIA A.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst Treas-Tax ☐ Change ☒ Addition

1.2 NAME Gary S. Schulman

1.3 STREET ADDRESS 260 Long Ridge Rd

1.4 CITY-ST-ZIP Stamford, CT 06927

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

GARY S. SCHULMAN

4-27-97

203-351-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0511946

CR2E034 (9/96)