

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

FILED
May 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 # **S51040** (1)
1. Corporation Name
FLAMINGO S.C. CORP.

Principal Place of Business

260 LONG RIDGE RD
STAMFORD CT 06927
US

Mailing Address

DEPT. 8109
LONG RIDGE RD.
STAMFORD CT 06927-9621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

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 607.1506, 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 of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Asst Treas. Taxes
Gary S. Schulman
777 Long Ridge Road
Stamford CT 06927

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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

Gary S. Schulman 4-27-98 203-351-4544

CR2E034 (10/97)