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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S70634** (8)

1. Corporation Name
CLASTER AND COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4 ELMWOOD RD WESTPORT CT 06880 US**
Mailing Address: **578 POST RD E STE 706 WESTPORT CT 06880 US**

3. Date Incorporated or Qualified: **08/05/1991**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business: **21 23 TANNERY LA. N.**

2b. Mailing Address: **26**

4. FEI Number: **65-0277674**
Applied For: Not Applicable:

22. State, Apt # etc: **22**

27. State, Apt # etc: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **23 WESTON CT**

28. City & State: **28**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **24 06883**

29. Zip: **29**

6. This corporation has liability for intangible tax under S. 198.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIL, MICHELLE
9 WYNDHAM LN
BARCLAY CLUB - PGA NATIONAL
PALM BCH GDNS FL 33418**

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 of a corporation, partnership, trust, or other legal entity)

(Signature of a registered agent or a person authorized to accept appointment)

DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: D CLASTER, ANDREA LEIGH	13.1 TITLE: _____	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
12.2 STREET ADDRESS: 4 ELMWOOD RD	13.2 NAME: ANDREA CLASTER GREENSPAN	
12.3 CITY, ST, ZIP: WESTPORT CT	13.3 STREET ADDRESS: 23 TANNERY LA. N.	
12.4 TITLE: _____	13.4 CITY, ST, ZIP: WESTON, CT 06883	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.5 NAME: _____	13.5 TITLE: _____	
12.6 STREET ADDRESS: _____	13.6 NAME: _____	
12.7 CITY, ST, ZIP: _____	13.7 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.8 TITLE: _____	13.8 CITY, ST, ZIP: _____	
12.9 NAME: _____	13.9 TITLE: _____	
12.10 STREET ADDRESS: _____	13.10 NAME: _____	
12.11 CITY, ST, ZIP: _____	13.11 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.12 TITLE: _____	13.12 CITY, ST, ZIP: _____	
12.13 NAME: _____	13.13 TITLE: _____	
12.14 STREET ADDRESS: _____	13.14 NAME: _____	
12.15 CITY, ST, ZIP: _____	13.15 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.16 TITLE: _____	13.16 CITY, ST, ZIP: _____	
12.17 NAME: _____	13.17 TITLE: _____	
12.18 STREET ADDRESS: _____	13.18 NAME: _____	
12.19 CITY, ST, ZIP: _____	13.19 STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.20 TITLE: _____	13.20 CITY, ST, ZIP: _____	

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Andrea C. Greenspan* *Andrea C. Greenspan* 4/27/95 203
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR