

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

FILED
May 18 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 # V65661 (3)

1. Corporation Name
FLORIDA SAN MICHEL, INC.



Principal Place of Business 200 LONG RIDGE ROAD STAMFORD CT 06827	Mailing Address DEPT. 8109 LONG RIDGE RD. STAMFORD CT 06927-9621 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/22/1992	4. FEI Number 65-0375656	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent CT 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 607.0402 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	ASST TREAS - TAXES
NAME	SIWULEC, ANDREW P	12 NAME	GARY J. SCHULMAN
STREET ADDRESS	499 THORNALL STREET	13 STREET ADDRESS	777 Long Ridge Road
CITY-ST-ZIP	EDISON NJ	14 CITY-ST-ZIP	Stamford CT 06927
TITLE	DP	21 TITLE	
NAME	SASSAMAN, DENNIS	22 NAME	
STREET ADDRESS	499 THORNALL STREET	23 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	2, 4 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	SCHIAVETTI, ALFRED J	32 NAME	
STREET ADDRESS	499 THORNALL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	SPERGER, JOHN M.	42 NAME	
STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS	
CITY-ST-ZIP	EDISON, N.J.	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	
NAME	KELLER, KAREN H	52 NAME	
STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS	
CITY-ST-ZIP	EDISON, NJ	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	
NAME	SCHERER, BRADLEY A	62 NAME	
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 110E	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	64 CITY-ST-ZIP	

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: *Karen H Keller* *Gary J. Schulman* 4-27-98 203-357-4544

CR2E034 (10/97)