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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65661

1. Corporation Name

FLORIDA SAN MICHEL, INC.

Principal Place of Business

260 LONG RIDGE ROAD
STAMFORD CT 06927

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1992

4. FEI Number

65-0375656

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 DVP ☐ DELETE

NAME SIWULEC, ANDREW P
STREET ADDRESS 499 THORNALL STREET
CITY-ST-ZIP EDISON NJ

TITLE DP ☐ DELETE

NAME SASSAMAN, DENNIS
STREET ADDRESS 499 THORNALL STREET
CITY-ST-ZIP EDISON NJ

TITLE D ☐ DELETE

NAME SCHIAVETTI, ALFRED J
STREET ADDRESS 499 THORNALL STREET
CITY-ST-ZIP EDISON NJ

TITLE S ☐ DELETE

NAME SPERGER, JOHN M.
STREET ADDRESS 499 THORNALL ST.
CITY-ST-ZIP EDISON, N.J.

TITLE AS ☐ DELETE

NAME KELLER, KAREN H
STREET ADDRESS 499 THORNALL ST.
CITY-ST-ZIP EDISON, NJ

TITLE VP ☐ DELETE

NAME SCHERER, BRADLEY A
STREET ADDRESS 1601 BELVEDERE ROAD SUITE 110E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *Asst Treas - Tax* ☐ Change ☐ Addition

1.2 NAME *John Amato*

1.3 STREET ADDRESS *260 Long Ridge Rd*

1.4 CITY-ST-ZIP *Stamford CT 06927* ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)