



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85057		2. Name of Corporation Supreme Corp.			
3. Street Address Principal Business Office 410 Ella Grasso Boulevard			City New Haven	State CT	Zip 06519
4. Business Phone No. (203) 624-9915		5. State of Incorporation Connecticut			6. SIC Code 7773
7. Brief Description of the Character of Business Conducted in Rhode Island LEASING OF STORAGE TRAILERS AND CONTAINERS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bennett Lebov			Vice President Name George Lebov		
Street Address 22 Riveredge			Street Address 146 Valley Road		
City Milford	State CT	Zip 06460	City North Branford	State CT	Zip 06471
Secretary Name Philip Lebov			Treasurer Name Bennett Lebov		
Street Address 43 Fox Hill Road			Street Address 22 Riveredge		
City Woodbridge	State CT	Zip 06525	City Milford	State CT	Zip 06460
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bennett Lebov			Director Name George Lebov		
Street Address 22 Riveredge			Street Address 146 Valley Road		
City Milford	State CT	Zip 06460	City North Branford	State CT	Zip 06471
Director Name Philip Lebov			Director Name		
Street Address 43 Fox Hill Road			Street Address		
City Woodbridge	State CT	Zip 06525	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500		\$100	500		\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 5 0 5 7

File Date 3/1/05
Check No. 126565
By: D.
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/25/05
Signature of Officer Date
BENNETT LEBOV
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1333
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85057		2. Name of Corporation SUPREME CORP.		
3. Street Address Principal Business Office 410 Ella Grasso Boulevard			City New Haven	State CT
4. Business Phone No. (203) 624-9915		5. State of Incorporation CONNECTICUT		Zip 06519
6. SIC Code 7773				
7. Brief Description of the Character of Business Conducted in Rhode Island Leasing of storage trailers and containers				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS				
President Name Bennett Lebov			Vice President Name George Lebov	
Street Address 22 Riveredge			Street Address 146 Valley Rd	
City Milford	State CT	Zip 06460	City New Britain	State CT
Secretary Name Philip Lebov			Treasurer Name Bennett Lebov	
Street Address 43 Fox Hill Rd			Street Address 22 Riveredge	
City Woodbridge	State CT	Zip 06525	City Milford	State CT
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS				
Director Name Same as above			Director Name Same as above	
Street Address			Street Address	
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
500		\$100	ISSUED SHARES	
			Number of Shares	Class/Series
			500	
				Par Value
				\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

AUG 24 2004

By KML
M42298

File Date _____
Check No. _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Bennett Lebov Date 8/23/04
Print or Type Name of Officer BENNETT LBOV
Title of Officer Pres



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85057
2. Name of Corporation SUPREME CORP.
3. Street Address Principal Business Office 410 Ella Grasso Boulevard - P.O. Box 7084
City New Haven State CT Zip 06519
4. Business Phone No. (203) 624-9915
5. State of Incorporation CONNECTICUT
6. SIC Code 7773
7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing of storage trailers and containers

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Bennett Lebov	Vice President Name
Street Address 22 Riveredge	Street Address
City Milford State CT Zip 06460	City State Zip
Secretary Name	Treasurer Name Bennett Lebov
Street Address	Street Address 22 Riveredge
City State Zip	City Milford State CT Zip 06460

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500		\$100

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
500		\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

DEC 15 2003

File Date: DEC 15 2 48 PM '03
Check No.: 014159
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 12/16/03
Signature of Officer Date
BENNETT LEBOV
Print or Type Name of Officer
Pres
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85057** 2. Name of Corporation **SUPREME CORP.**
3. Street Address Principal Business Office **410 ELLA GROSSO TRAILER** City **NEW HAVEN** State **CT** Zip **06519**
4. Business Phone No. **203/624-9915** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **7773**
7. Brief Description of the Character of Business Conducted in Rhode Island **STORAGE TRAILER + CONTAINER LEASING**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **BEHNETT LESOV** Vice President Name **GEORGE LESOV**
Street Address **22 RIVERBOSG** Street Address **146 VALLEY RD**
City **MILFORD** State **CT** Zip **06460** City **NO BRANTFORD** State **CT** Zip **06471**

Secretary Name **PHILIP LESOV** Treasurer Name **RICHARD LESOV**
Street Address **43 FOX HILL RD** Street Address **660 BROOKVIEW RD**
City **WOODBRIDGE** State **CT** Zip **06525** City **ORANGE** State **CT** Zip **06477**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **SAME** Director Name **E**
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
500 \$100.00 PAR VALUE **500 A \$100**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 5 7 *

File Date: 2/21/02
Check No.: 108512
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 2/1/02
Print or Type Name of Officer: BEHNETT LESOV
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85057** 2. Name of Corporation **SUPREME CORP.**
3. Street Address Principal Business Office **410 ELLA GRASSO BLVD** City **NEW HAVEN** State **CT** Zip **06519**
4. Business Phone No. **203/624-9915** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
STORAGE TRAILER & CONTAINER LEASING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name BENNETT LEBOV Street Address 22 RIVERGROVE City MILFORD State CT Zip 06460	Vice President Name GEORGE LEBOV Street Address 146 VALLEY RD City NORTH BRANFORD State CT Zip 06471
Secretary Name PHILIP LEBOV Street Address 43 FOXHILL RD City WOODBRIDGE State CT Zip 06525	Treasurer Name RICHARD LEBOV Street Address 660 BROADVIEW RD. City ORANGE State CT Zip 06477

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SAME Street Address City State Zip	Director Name SAME Street Address City State Zip
Director Name SAME Street Address City State Zip	Director Name SAME Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 \$100.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
500 \$100 @ PM

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 5 7 *

File Date: **2/12**
107150
Check No.: **21**
By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bennett Lebov 1/26/01
Signature of Officer Date
Bennett Lebov
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85057** 2. Name of Corporation **SUPREME CORP.**
3. Street Address Principal Business Office **410 ELLA GRASSO BLVD/PO BOX 7084** City **NEW HAVEN** State **CT** Zip **06519**
4. Business Phone No. **203 624-9915** 5. State of Incorporation **CT** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
STORAGE TRAILERS AND CONTAINERS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name BENNETT LEBOV Street Address 22 RIVEREDGE City MILFORD State CT Zip 06460 Secretary Name PHILIP LEBOV Street Address 43 FOX HILL ROAD City WOODBIDGE State CT Zip 06525	Vice President Name GEORGE LEBOV Street Address 146 VALLEY ROAD City NORTH BRANFORD State CT Zip 06471 Treasurer Name RICHARD LEBOV Street Address 660 BROADVIEW ROAD City ORANGE State CT Zip 06477
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name SAME AS ABOVE Street Address SAME AS ABOVE City Director Name SAME AS ABOVE Street Address SAME AS ABOVE City	Director Name SAME AS ABOVE Street Address SAME AS ABOVE City
--	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500	----	\$100

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	-----	\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10-23-00
Check No.: 106711
By: DMF

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer [Signature] Date 10/19/00
BENNETT LEBOV
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 85057		2. Name of Corporation SUPREME CORP.	
3. Street Address Principal Business Office 410 BOULEVARD		City NEW HAVEN	State CT
4. Business Phone No. (203) 624-9915		5. State of Incorporation CONNECTICUT	
7. Brief Description of the Character of Business Conducted in Rhode Island LEASING OF STORAGE TRAILERS AND CONTAINERS			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name BENNETT LEBOV		Vice President Name GEORGE LEBOV	
Street Address 410 BOULEVARD		Street Address 410 BOULEVARD	
City NEW HAVEN	State CT	City NEW HAVEN	State CT
Zip 06519		Zip 06519	
Secretary Name PHILIP LEBOV		Treasurer Name RICHARD LEBOV	
Street Address 410 BOULEVARD		Street Address 410 BOULEVARD	
City NEW HAVEN	State CT	City NEW HAVEN	State CT
Zip 06519		Zip 06519	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name BENNETT LEBOV		Director Name GEORGE LEBOV	
Street Address 410 BOULEVARD		Street Address 410 BOULEVARD	
City NEW HAVEN	State CT	City NEW HAVEN	State CT
Zip 06519		Zip 06519	
Director Name PHILIP LEBOV		Director Name RICHARD LEBOV	
Street Address 410 BOULEVARD		Street Address 410 BOULEVARD	
City NEW HAVEN	State CT	City NEW HAVEN	State CT
Zip 06519		Zip 06519	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES	
Number of Shares 500 SHS	Class/Series \$100.00 PAR VALUE	Number of Shares 500	Class/Series COMMON
	Par Value 100		Par Value 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 5 7 *

File Date: Feb 22, 99
Check No.: 3380
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/17/99
Signature of Officer Date
BENNETT LEBOV
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85057** 2. Name of Corporation **SUPREME CORP.**
3. Street Address Principal Business Office
410 BOULEVARD City **NEW HAVEN** State **CT** Zip **06519**
4. Business Phone No. **(203) 624-9915** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
LEASING OF STORAGE TRAILERS AND CONTAINERS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name BENNETT LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519	Vice President Name GEORGE LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519
Secretary Name PHILIP LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519	Treasurer Name RICHARD LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name BENNETT LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519	Director Name GEORGE LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519
Director Name PHILIP LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519	Director Name RICHARD LEBOV Street Address 410 BOULEVARD City NEW HAVEN State CT Zip 06519

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 SHS	\$100.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	COMMON	100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 5 7 *

File Date: 2.20.98
Check No.: 3159
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/16/98
Signature of Officer Date
BENNETT LEBOV
Print or Type Name of Officer
Pres
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85057** 2. Name of Corporation **SUPREME CORP.**

3. Street Address Principal Business Office **410 BOULEVARD PO BOX 7084** City **NEW HAVEN** State **CT** Zip **06519**

4. Business Phone No. **(203)624-9915** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
LEASING OF PERSONAL PROPERTY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name BENNETT LEBOV Street Address 22 RIVEREDGE City MILFORD State CT Zip 06460	Vice President Name GEORGE LEBOV Street Address 146 VALLEY ROAD City NORTH BRANFORD State CT Zip 06471
Secretary Name PHILIP LEBOV Street Address 43 FOX HILL ROAD City WOODBRIDGE State CT Zip 06525	Treasurer Name RICHARD LEBOV Street Address 660 BROADVIEW ROAD City ORANGE State CT Zip 06477

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name BENNETT LEBOV Street Address 22 RIVEREDGE City MILFORD State CT Zip 06460	Director Name GEORGE LEBOV Street Address 146 VALLEY ROAD City NORTH BRANFORD State CT Zip 06471
Director Name PHILIP LEBOV Street Address 43 FOX HILL ROAD City WOODBRIDGE State CT Zip 06525	Director Name RICHARD LEBOV Street Address 660 BROADVIEW ROAD City ORANGE State CT Zip 06477

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS	\$100.00 PAR VALUE		500	COMMON	\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/27/97
Check No.: 19196
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/22/97
Signature of Officer Date

BENNETT LEBOV,
Print or Type Name of Officer

PRESIDENT
Title of Officer

**FRUIT CORPORATION
ANNUAL REPORT**

1996



James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85057		2. NAME OF CORPORATION SUPREME CORP.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 410 BOULEVARD PO BOX 7084				CITY NEW HAVEN		STATE CT	ZIP CODE 06519
4. BUSINESS PHONE NO. (203) 624-9915			5. STATE OF INCORPORATION Connecticut			6. SIC CODE	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND LEASING OF PERSONAL PROPERTY							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME BENNETT LEBOV				VICE PRESIDENT NAME GEORGE LEBOV			
STREET ADDRESS 22 RIVEREDGE				STREET ADDRESS 146 VALLEY ROAD			
CITY MILFORD		STATE CT	ZIP CODE 06460	CITY NORTH BRANFORD		STATE CT	ZIP CODE 06471
SECRETARY NAME PHILIP LEBOV				TREASURER NAME RICHARD LEBOV			
STREET ADDRESS 43 FOX HILL ROAD				STREET ADDRESS 660 BROADVIEW ROAD			
CITY WOODBIDGE		STATE CT	ZIP CODE 06525	CITY ORANGE		STATE CT	ZIP CODE 06477
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME BENNETT LEBOV				DIRECTOR NAME GEORGE LEBOV			
STREET ADDRESS 22 RIVEREDGE				STREET ADDRESS 146 VALLEY ROAD			
CITY MILFORD		STATE CT	ZIP CODE 06460	CITY NORTH BRANFORD		STATE CT	ZIP CODE 06471
DIRECTOR NAME PHILIP LEBOV				DIRECTOR NAME RICHARD LEBOV			
STREET ADDRESS 43 FOX HILL ROAD				STREET ADDRESS 660 BROADVIEW ROAD			
CITY WOODBIDGE		STATE CT	ZIP CODE 06525	CITY ORANGE		STATE CT	ZIP CODE 06477
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES		PAR VALUE	NUMBER OF SHARES	CLASS / SERIES		PAR VALUE
500 shares	\$100.00 Par Value			500	COMMON		\$ 100

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:

11/4/96

Check No:

13384

By:

[Signature] 174430

For Secretary of State Use Only

Signature of Officer

[Signature]

Bennett Lebov

Print or Type Name of Officer

President

Title of Officer

10/16/96

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95