

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 856051 (8)

1. Corporation Name

CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.



Principal Place of Business

Mailing Address

3833 PEACHTREE RD., N.E.  
SUITE 1700  
ATLANTA GA 30319-3372

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SUITE 1700  
ATLANTA GA 30319-3372

3. Date Incorporated or Qualified  
04/07/1983

3a. Date of Last Report  
05/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
04-2626467

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKARD, T. GENE  
% CYPRESS POINT APARTMENTS  
5119 E. FLETCHER AVE.  
TAMPA FL 33612

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME SCHUSTER, GERALD  
STREET ADDRESS 132 YARMOUTH ROAD  
CITY-ST-ZIP BROOKLINE MA

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME NAJARIAN, ROBERT J  
STREET ADDRESS 286 MAYFLOWER CIRCLE  
CITY-ST-ZIP HANOVER MA

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

TITLE TD  DELETE  
NAME CALLAHAN, BRIAN E.  
STREET ADDRESS 15 HICKORY DRIVE  
CITY-ST-ZIP MEDFIELD MA

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

TITLE S  DELETE  
NAME BERMAN, MICHAEL D.  
STREET ADDRESS 16 HAMMOND CIR.  
CITY-ST-ZIP SUDBURY MA

4.1 TITLE S  Change  Addition  
4.2 NAME Roberts, June E.  
4.3 STREET ADDRESS 60 Richardson Road  
4.4 CITY-ST-ZIP Belmont, MA 02178

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

617-574-9000

Daytime Phone #

CR2E034 (12/95)

PM  
4-30-96