

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 856051 (8)**  
 1. Corporation Name  
**CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.**



Principal Place of Business <b>3833 PEACHTREE RD., N.E.                  SUITE 1700                  ATLANTA GA 30319-3372</b>	Mailing Address <b>3833 PEACHTREE RD., N.E.                  SUITE 1700                  ATLANTA GA 30319-3364</b>
---	---

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date incorporated or Qualified <b>04/07/1983</b>	<b>3a.</b> Date of Last Report <b>04/30/1996</b>
<b>4.</b> FEI Number <b>04-2626467</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>SCHUSTER, GERALD</b>	
STREET ADDRESS	<b>132 YARMOUTH ROAD</b>	
CITY-ST-ZIP	<b>BROOKLINE MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>NAJARIAN, ROBERT J</b>	
STREET ADDRESS	<b>288 MAYFLOWER CIRCLE</b>	
CITY-ST-ZIP	<b>HANOVER MA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>CALLAHAN, BRIAN E.</b>	
STREET ADDRESS	<b>15 HICKORY DRIVE</b>	
CITY-ST-ZIP	<b>MEDFIELD MA</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>ROBERTS, JUNE E.</b>	
STREET ADDRESS	<b>60 RICHARDSON ROAD</b>	
CITY-ST-ZIP	<b>BELMONT MA 02178</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Mark Schuster</b>		
5.3 STREET ADDRESS	<b>75 Central Street</b>		
5.4 CITY-ST-ZIP	<b>Boston, MA 02109</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**14.** I do 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, on an attachment with an address.

**SIGNATURE:** *Brian E. Callahan* **Brian E. Callahan, Treas. 4/22/97 617-575 574-9000**

CR2E034 (9/96)