

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90053 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 856051

1. Corporation Name
CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/07/1983

4. FEI Number Applied For
04-2626467 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 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

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 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAJARIAN, ROBERT J	
STREET ADDRESS	286 MAYFLOWER CIRCLE	
CITY-ST-ZIP	HANOVER MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, BRIAN E.	
STREET ADDRESS	15 HICKORY DRIVE	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBERTS, JUNE E.	
STREET ADDRESS	60 RICHARDSON ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHUSTER, MARK	
STREET ADDRESS	75 CENTRAL STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	63 Kendrick St.
5.4 CITY-ST-ZIP	Needham, MA 02494
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* V.P. 4/22/99 781-707-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)