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1996 APR 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001891 (1)**
1. Corporation Name
CONTINENTAL WINGATE MORTGAGE CORPORATION

Principal Place of Business: **75 CENTRAL STREET BOSTON MA 02109**
Mailing Address: **75 CENTRAL STREET BOSTON MA 02109**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/16/1993		05/17/1995		04-3133695	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Zip		Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. 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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **C T Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83 City: **Plantation** FL 85 Zip Code: **33324**

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: *Patricia A. Canario* **PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY** DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERMAN, MICHAEL D	
STREET ADDRESS	16 HAMMOND CIRCLE	
CITY-ST-ZIP	SUDBURY MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, BRIAN E	
STREET ADDRESS	15 HICKORY DR.	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOODMAN, JEFFREY	
STREET ADDRESS	59TH WOODRIDGE WAY	
CITY-ST-ZIP	WAYLAND MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH RD.	
CITY-ST-ZIP	SUDBURY MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, TODD	
STREET ADDRESS	131 LAUREL RD.	
CITY-ST-ZIP	CHESTNUT HILL 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Eric Schuster* **Eric Schuster** DATE: **4/26/96** DAYTIME PHONE #: **617-574-9000**

CR2E034 (12/95)

Eric Schuster