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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
75 CENTRAL STREET BOSTON MA 02109 75 CENTRAL STREET BOSTON MA 02109-3413

3. Date Incorporated or Qualified 04/16/1993 3a. Date of Last Report 04/30/1996
4. FEI Number 04-3133695 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

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BERMAN, MICHAEL D	
STREET ADDRESS	16 HAMMOND CIRCLE	
CITY-ST-ZIP	SUDBURY MA	
TITLE	TD	
NAME	CALLAHAN, BRIAN E	
STREET ADDRESS	15 HICKORY DR.	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	VS	
NAME	GOODMAN, JEFFREY	
STREET ADDRESS	59TH WOODRIDGE WAY	
CITY-ST-ZIP	WAYLAND MA	
TITLE	D	
NAME	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH RD.	
CITY-ST-ZIP	SUDBURY MA	
TITLE	VD	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Mark Hall		
6.3 STREET ADDRESS	75 Central Street		
6.4 CITY-ST-ZIP	Boston, MA 02109		

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, or on an attachment with an address.

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

CR2E034 (9/96)