

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1993	
21 Suite, Apt. #, etc.	22 City & State	24 Zip	25 Country	4. FEI Number 04-3133695	Applied For <input type="checkbox"/> Not Applicable
26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
30				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. 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	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, MICHAEL D	1.2 NAME	
STREET ADDRESS	16 HAMMOND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, BRIAN E	2.2 NAME	
STREET ADDRESS	15 HICKORY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, JEFFREY	3.2 NAME	
STREET ADDRESS	59TH WOODRIDGE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, GERALD	4.2 NAME	
STREET ADDRESS	132 YARMOUTH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, TODD	5.2 NAME	Director
STREET ADDRESS	131 LAUREL RD.	5.3 STREET ADDRESS	Schuster, Todd
CITY-ST-ZIP	CHESTNUT HILL MA	5.4 CITY-ST-ZIP	75 Central St.
			Boston, MA 02109
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, MARK	6.2 NAME	Leff, Susan Winston
STREET ADDRESS	75 CENTRAL ST	6.3 STREET ADDRESS	75 Central St.
CITY-ST-ZIP	BOSTON MA	6.4 CITY-ST-ZIP	Boston, MA 02109

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.

SIGNATURE _____ DATE **4/17/98** **617-574-9000**

CR2E034 (10/97)