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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700003890 (7)

## FILED May 07 1998 8:00am Secretary of State

CHANCELLOR OF LAUDERHILL I. INC. Mailing Address Principal Place of Business 197 FIRST AVENUE 197 FIRST AVENUE NEEDHAM MA 02104 NEEDHAM MA 02194 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable APPLIED FOR 04-338082 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Ζıρ Ζp Country Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City 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 agont, 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 agont. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Stonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 11 TITLE PAD TITLE GOSMAN, ABRAHAM D 1.2 NAME NAME CR2E034 197 FIRST AVENUE 1.3 STREET ADDRESS STREET ADDRESS NEEDHAM MA 02194 1.4 CiTY-ST-7IP CITY-ST-ZIP Addition Change DELETE 2.1 THLE TITLE CLARY, JAMES M III 2.2 NAME NAME 197 FIRST AVENUE 2.3 STREET ADDRESS STREET ADDRESS NEEDHAM MA 02194 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 31 TITLE TITLE LEATHERS, FREDERICK R NAME 32 NAME 197 FIRST AVENUE 3.3 STREET ADDRESS STREET ADDRESS NEEDHAM MA 02194 3.4. CITY-ST-ZIP CITY ST ZIP DELETE Change Addition 4.1 TITLE TITLE AS ZERMANI, RICHARO P 4 2 NAME NAME 197 FIRST AVENUE 4.3 STREET ADDRESS STREET ADORESS NEEDHAM MA 02194 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE V/AS TITLE 5.2 NAME JEFFAEY P. NETERVAL NAME 5.3 STREET ADDRESS 197 FIRST AVENUE STREET ADDRESS NEEDHAM, MA 02194 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME PAUL ZAYLOR NAME 197 FIRSTAVENUE 6.3 STREET ADDRESS STREET ADDRESS

CHY-S1-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 trusted 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 or an attachment with an address.

OLONIATUDE: V

DAIL ZAVIDO

4/21/98

781-433-1000