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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **P17421 (9)**
 1. Corporation Name
GUTHRIE HOLDING, INC.

Principal Place of Business Mailing Address
~~9955 BENFORD RD.~~ ~~ORLANDO FL 32827~~
~~9955 BENFORD RD.~~ ~~ORLANDO FL 32827~~

2. Principal Place of Business 2a. Mailing Address
 21 **5850 T.G. LEE BLVD** 26 **5850 T.G. LEE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE 345** 27 **SUITE 345**
 City & State City & State
 23 **ORLANDO, FL** 28 **ORLANDO, FL**
 Zip Country Zip Country
 24 **32822** 25 **U.S.** 29 **32822** 30 **U.S.**

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified **12/29/1987** 3a. Date of Last Report **08/18/1994**
 4. FEI Number **34-1348301** 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

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring))

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUARTA, ROBERTO
STREET ADDRESS	60 LOGAN - S HARBORSIDE
CITY-ST-ZIP	E BOSTON MA
TITLE	TD
NAME	ROMEO, ROBERT W
STREET ADDRESS	9955 BENFORD RD
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	MURRER, GREGORY J
STREET ADDRESS	60 LOGAN - S HARBORSIDE
CITY-ST-ZIP	E BOSTON MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	QUARTA, ROBERTO	
1.3 STREET ADDRESS	401 EDGEWATER PLACE, SUITE 670	
1.4 CITY-ST-ZIP	WAKEFIELD, MA 01880	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROMEO, ROBERT W	
2.3 STREET ADDRESS	5850 T.G. LEE BLVD. SUITE 345	
2.4 CITY-ST-ZIP	ORLANDO, FL 32822	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURRER, GREGORY J	
3.3 STREET ADDRESS	401 EDGEWATER PLACE, SUITE 670	
3.4 CITY-ST-ZIP	WAKEFIELD, MA 01880	
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		

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 110.07(3)(b), 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: Robert W. Romeo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95
 Date