

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

FILED
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
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DOCUMENT # P17428 (4)
 1. Corporation Name
CONTINENTAL WINGATE ASSOCIATES, INC.



Principal Place of Business 75 CENTRAL STREET BOSTON MA 02109	Mailing Address 75 CENTRAL STREET BOSTON MA 02109-3413
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/29/1987	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 04-2517331	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, TODD	
STREET ADDRESS	131 LAUREL RD	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANTROWITZ, ELLEN	
STREET ADDRESS	1299 BEACON STREET	
CITY-ST-ZIP	NEWTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH RD	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOODMAN, JEFFREY	
STREET ADDRESS	59TH WOODRIDGE WAY	
CITY-ST-ZIP	WAYLAND MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMAN, MICHAEL	
STREET ADDRESS	16TH HAMMOND CIRCLE	
CITY-ST-ZIP	SUDBURY MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, BRIAN E	
STREET ADDRESS	15 HICKORY DRIVE	
CITY-ST-ZIP	MEDFIELD MA	

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		

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)