

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90053 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17428

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1987

4. FEI Number
04-2517331

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **63 Kendrick St.**

22 Suite, Apt. #, etc.

23 City & State
Needham, MA

24 Zip **02494** 25 Country

2a. Mailing Address
 26 **63 Kendrick St.**

27 Suite, Apt. #, etc.

28 City & State
Needham, MA

29 Zip **02494** 30 Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	63 Kendrick St.		
4.4 CITY-ST-ZIP	Needham, MA 02494		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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 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 change I, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* Date: 4/23/99 Daytime Phone #: 781-707-9000

CR2E034 (11/98)