

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
IT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 02, 1999 8:00 am  
Secretary of State

09-02-1999 90008 038 \*\*\*558.75

DOCUMENT # P96000095425

INCORPORATION NAME  
LOSS COUNTRY HOME HOLDINGS, INC.



Principal Place of Business Mailing Address  
400 MYSTIC VALLEY PARKWAY 400 MYSTIC VALLEY PARKWAY  
3RD MA 02155 MEDFORD MA 02155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

04-3337541

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 owes the current year  
Intangible Personal Property.

☐

Yes

☒

No

Principal Place of Business

2a. Mailing Address

400 Sawgrass Corporate Pkwy P.O. Box 551540

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

City & State

28. City & State

Sunrise, FLORIDA

Ft. Lauderdale, FLORIDA

Zip

Country

29. Zip

Country

33325

USA

33355-1540

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name  
Cynthia J. Starrett

82 Street Address (P.O. Box Number is Not Acceptable)  
400 Sawgrass Corporate Pkwy

83 Sunrise,

84 City  
Sunrise

FL

85 Zip Code  
33325

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/99

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

STREET ADDRESS ST-ZIP	PD WOLK, HOWARD L. 20 CHAPEL ST. BROOKLINE MA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Kenneth Harthausen 400 Sawgrass Corporate Pkwy Sunrise, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	SD WOLK, NATHAN T. 230 ALLENDALE RD. CHESTNUT HILL MA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Cynthia J. Starrett 400 Sawgrass Corporate Pkwy Sunrise FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	VD WOLK, JEFFREY 28 MALBOROUGH ST. BOSTON MA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/D Howard Wolk 400 Sawgrass Corporate Pkwy Sunrise, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	TD WOLK, SIDNEY 330 BEACON ST. BOSTON MA	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Thomas Graham 400 Sawgrass Corporate Pkwy Sunrise, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	AT SCAPICCHIO, STEPHEN 8 NEPTUNE CIRCLE EAST BOSTON MA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Cynthia J. Starrett

8/24/99

(954) 845-9100

CR2E034 (5/99)