

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:22

DOCUMENT # F93000004559 (1)

1. Corporation Name

DEMATTEO PROPERTIES, INC.

Principal Place of Business

**80 WASHINGTON STREET
 C16
 NORWELL MA 02061
 US**

Mailing Address

**80 WASHINGTON STREET
 C16
 NORWELL MA 02061
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

03/29/1994

4. FET Number

04-3166662

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

7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc

22

State, Apt. #, etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT 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

(Signature, typed or printed name of registered agent and the corporation)

(Typed, Registered Agent Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

**PTD
 DEMATTEO, M J
 103 SHRINE ROAD
 NORWELL MA**

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

**C
 LEWIN, JOEL
 300 CLINTON ROAD
 BROOKLINE MA 02146**

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

☐ Change ☐ Addition

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 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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: *Mr. Joseph DeMatteo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95 (617) 878-5900

CR2E034 (3/95)