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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 381415

(9)

Principal Plac	OMERY AND COLLINS, INC	Mailing Address MONTGOMERY & COLLINS	• ,			
MONTGOMERY & COLLINS 177 MILK ST STE 310 BOSTON MA 02109 US		177 MILK ST STE 310 BOSTON MA 02109-3404 US		1	3. Date Incorporated or Qualified 3a. Date of Last Report	
Principal I	Place of Business	2a. Mailing Address		04/30/1971 4. FEI Number		1/04/1996
2. Frincipari 21	riace or pusiness	26		59-1358611		Applied For Not Applicabl
Suite, Apt	.#, etc.	Suite, Apt. #, etc		5. Certificate of Status	s Desired	\$8.75 Additional Fee Required
City & Sta	de	City & State		6. Election Campaign	Financing	\$5.00 May Be
23		28		Trust Fund Contribu		Added to Fees
7ip 24	Country 25	Zip [29]	Country 30	This corporation hat Florida Statutes	as liability for intangit	ole tax under s. 199.032, No
	g, Name and Address of Curre			10. Name and Addres		
CT	CORPORATION SYSTEM		81 Name			
1200 S. PINE ISLAND ROAD			82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
PLA	INTATION FL 33324		83	· · · · · · · · · · · · · · · · · · ·		
			83			
			64 City		F	85 Zip Code
11 Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607 1508 Florida Statute	s the above-named	corporation submits this stater		
agent i	, ,					
SIGNATURE	Signature: Typed or printed name of registered ag	ont and title 4 applicable. (NOTE	Registered Agent signature	required when reinstating)	DATE SES TO OFFICERS A	ND DIRECTORS IN 12
SIGNATURE	Signahur: Whed or product name of registered ag OFFICERS AN	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)		ND DIRECTORS IN 12
SIGNATURE 12. THE	Standard Mand of product name of registered as OFFICERS AN CCEO ELSASS, SANFORD D	ont and title 4 applicable. (NOTE	13. 11 TIFLE 1.2 NAME	required when reinstating)		
SIGNATURE 12. THEF NAME STREET ADDRESS	Structure lyped to profes name of registered as OFFICERS AN CCEO ELSASS, SANFORD D 177 MILK ST STE 310	ont and title 4 applicable. (NOTE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)		
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Sq.shire Typed of printed raine of registered ag OFFICERS AN CCEO ELSASS, SANFORD D 177 MILK ST STE 310 BOSTON MA 02109	ont and title 4 applicable. (NOTE	13. 11 TIFLE 1.2 NAME	required when reinstating)		
SIGNATURE 12.	OFFICERS AN CCEO ELSASS, SANFORD D 177 MILK ST STE 310 BOSTON MA 02109 D	pm and title if applicable. (NOTE ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)		Change Additio
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