

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 581290

(4)

95 AUG -4 AM 10:23

1. Corporation Name

PLYMOUTH, INC.

Principal Place of Business

2720 CORAL WAY, 3RD FLOOR
MIAMI FL 33145-0678
US

Mailing Address

75 STATE STREET
MABOF318
BOSTON MA 02106-2197
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/04/1978

3a. Date of Last Report
07/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1877135

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SISSERMAN, HY
1398 WEST CAMINO REAL
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1300 S. Pine Island Rd

83

84 City

Plantation

FL

85 Zip Code

33334

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

Patricia A. Canario

PATRICIA A. CANARIO,
SPECIAL ASSISTANT SECRETARY

7/19/95

DATE

12. OFFICERS AND DIRECTORS

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BREITMAN, LEO R.
75 STATE ST., MABOF29A
BOSTON MA

P
WITKIN, KENNETH
75 STATE ST., MABOF29A
BOSTON MA

T
GIRO, DE ROSA
75 STATE ST., MABOF10C
BOSTON MA

S
BIZAR, AMY W
75 STATE ST., MABOF31D
BOSTON MA

~~SISSERMAN, HY~~
~~2720 CORAL WAY, 3RD FLOOR~~
~~BOCA RATON FL~~

FRANCIS, M. REBECCA
111 WESTMINSTER ST.
PROVIDENCE RI

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

75 State St., MABOF29A

A/S

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 110.07(3)(k), 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:

Amy W. Bizar
Secretary

7/21/95 617-346-3131

DATE

EXPIRATION DATE

CR2E034 (3/95)