

FILED

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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(9)

Principal Place of Business	Mailing Address
375 BOSTON ST RT 1 TOPSFIELD MA 01863 US	375 BOSTON ST RT 1 TOPSFIELD MA 01863-1541 US

2. Principal Place of Business	2a. Mailing Address
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4. FEI Number 48-0770620	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

10. Name and Address of New Registered Agent

81	Name
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62 Street Address (P.O. Box Number Is Not Acceptable)

83

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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 and printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	STONEBERGER, DIANA 20 ARDEN RD MILWAUKEE, WI 53212	1.2 NAME	
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STREET ADDRESS	28 IPSWICH WOODS DR IPSWICH MA	1.3 STREET ADDRESS	
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CITY-ST-ZIP	IPSWICH MA	1.4 CITY-ST-ZIP
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FILE	V	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HOOD, THOMAS C				

NAME	HOOD, EUGENE C. 10 FOREST ROAD	22 NAME	
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STREET ADDRESS	10 FOREST ROAD TORREFIELD MA	23 STREET ADDRESS	
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CITY-ST-ZIP TOPSFIELD MA 2.4 CITY-ST-ZIP

TITLE	PU	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STONEREDGER, JAMES I				

NAME	STONEBERGER, JAMES L 31 HOWLETT ST	3.2 NAME	
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STREET ADDRESS	71 HOWLETT ST. TORREFIELD, MASS 0	3.3 STREET ADDRESS	
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CITY-ST-ZIP	TOPSFIELD, MASS 0	3.4. CITY-ST-ZIP
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1-FILE	1-DELETE	4.1 TITLE	Change	Addition
SYLVESTER CHARLES R				

NAME	SYLVESTER, CHARLES B. 11 LIMNSTON DRIVE	4.2 NAME	
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STREET ADDRESS 11 LIVINGSTON DRIVE
WEST BEARDOY MA

City-ST-76⁹ WEST PEABODY MA 4-4 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	5.2 NAME

STREET ADDRESS	5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE	B.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	6.2 NAME

STREET ADDRESS	6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(i) Florida Statutes. I further certify that the

14. I solemnly certify that the information supplied with this filing does not qualify for the exemption stated in Section 135.01(3)(g), 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 a "natural person" and that I am not a person named in this report as a director, officer, or shareholder. Chapter 687, Florida Statutes, and that my name

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.

POSTAL TELEGRAPH OFFICIALS

SIGNATURE: Mariano J. Hernandez April 16, 1997 508 887-2396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0000769