## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	F CORPORA	HONS	•		
DOCUN 1. Corporation	MENT # 8466	74 (0)					
•	ENTERPRISES INC.						
Principal Place	of Business	Mailing Address					HANN OF AN AND AND AND AND AND AND AND AND AND
435 EASTERN AVENUE		435 EASTERN AVENU	JE				
MALDEN MA	02148	MALDEN MA 02148	_				
					3. Date fricorporated or Qualified	3a. Date of La	
2. Principal Place of Business		2a. Mailing Address		08/06/1980 4. FEI Number	05/01	/1995 Applied For	
21		26		04-2620452	}	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional	
City & State		27				h	Fee Required
23 City & State	<del>,</del>	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Ζφ	Country	<del></del>		try	8. This corporation has liability for		
:4	25	29	30		Florida Statutes		
	9. Name and Address of Cur	rent Registered Agent		31 Name	10. Name and Address of New F	legistered Agent	<del> </del>
MADDIC	ON, MICHAEL						
	. 37TH STREET		1	32 Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
	WOOD 33021		Į.	33			
			-	34 City		lec.	Zıp Code
						FL 85	,
<ol><li>Pursuant to or registere</li></ol>	to the provisions of Sections 607.05 ed agent, or both, in the State of Fi	502 and 607.1508, Florida Statu Jorida. Such change was authori	tes, the abovi zed by the co	e-named corpo progration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing	its registered office
familiar wit	th, and accept the obligations of, Si	ection 607.0505, Florida Statute	s.	,		5	see agont rain
SIGNATURE _	Signature, typed or printed name of registered as	nent and the Tappicable (N	OTE: Florastered A	gii if, signature require	ed when resistating)	DAIL	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	PTSD	DELETE	1 1 Tir	LF		☐ Cha	nge 🔲 Addition
NAME	FAZIO, MICHAEL		1.2 NAN	4E			
STREET ADDRESS		435 EASTERN AVENUE		EF1 ADDRESS			
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NAME			2 1 1113 2 2 NAN			I I Gila	nge 🔲 Addition
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14. To be need yetruly that the information supplied with this filling is voluntally furnished and does not quality for the exemption stated in Section 119.0/(3)(k), Florida Statutes. 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WICER OR DIRECTOR

3-11-96 617-324-2010 Destructions CR2E034 (12/95)