SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852881

JUNG/BRANNEN ASSOCIATES, INC.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90007 033 ***158.75



Principal Place	of Business	Maling Address 34 FARNSWORTH ST BOSTON MA 02210 US 3. Date Incorporated or Qualified 05/18/1982 3. Date Incorporated or Qualified 05/18/1982 4. FEI Number 04-2435299 Sulle, Apt. #, etc. 27 City & State 28 Country 29 Country 29 Country 29 Country 29 Name and Address of Current Registered Agent 29 Name and Address of Current Registered Agent 29 Name and Address of Current Registered Agent 29 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Name PORATION SYSTEM JOHN PINE ISLAND ROAD ON FL 33324 84 City FL 85 Sirreet Address (P.O. Box Number is Not Acceptable) S3 Sirreet Address (P.O. Box Number is Not Acceptable) 83 Sirreet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Sirreet Address (P.O. Box Number is Not Acceptable) 85 Sirreet Address (P.O. Box Number is Not Acceptable) 86 City FL 87 Sirreet Address (P.O. Box Number is Not Acceptable) 87 Sirreet Address (P.O. Box Number is Not Acceptable) 88 City FL 89 City FL 80 Sirreet Address (P.O. Box Number is Not Acceptable) 89 Sirreet Address (P.O. Box Number is Not Acceptable) 80 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Sirreet Address (P.O. Box Number is Not Acceptable) 83 Sirreet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Sirreet Address (P.O. Box Number is Not Acceptable) 85 Sirreet Address (P.O. Box Number is Not Acceptable) 85 Sirreet Address (P.O. Box Number is Not Acceptable) 85 Sirreet Address (P.O. Box Number is Not Acceptable) 85 Sirreet Address (P.O. Box Number is Not Acceptable) 86 Sirreet Address (P.O. Box Number is Not Acceptable) 87 Sirreet Address (P.O. Box Number is Not Acceptable) 88 Sirreet Address (P.O. Box Number is Not Acceptable) 89 Sirreet Address (P.O. Box Number is Not Acceptable) 80 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Sirreet Address (P.O. Box Number is Not Acceptable) 81 Sirreet Addres				
34 FARNSWORTH ST 34 FARNSWORTH ST						
BOSTON MA 02210					DO NOT WRITE IN THE SPACE	
US		US				
					1 **	
2. Principal Place of Business		<u>⊢</u>				
21		<u> </u>				
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
22						
City & State		}-¬ ´				
23			τ	 		
Zip	Country	<u> </u>	_	ntry	T N 2	
24			30			
	9. Name and Address of Current	Registered Agent		04 1		
	CORROBATION CVCTEM			81 Name	6	
				82 Street	et Address (P.O. Box Number is Not Acceptable)	
PLAI	NTATION FL 33324			83		
				84 City	85 Zip Code	
				O4 City	FL S E S S S S S S S S	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-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 _		CON Y No Mar.	TE: De elete	and Accept pional	pature required when reinstating) DATE	
				ied Agent signa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	D OFFICERS AIVE			n F		
Į	-	- DELETE			11 data 11 3 - 1	
NAME						
STREET ADDRESS					Sramingham MA 01701	
CITY-ST-ZIP				Change Addition		
TITLE	TD DOMENT DOGEDT	☐ DELETE	Ŀ		Change Addition	
NAME						
STREET ADDRESS	l l		1		is	
CITY-ST-ZIP						
TITLE	D	DELETE			Director Change Lx Addition	
NAME	PENDLEBURY, DUNCAN				Sanora P. Smith	
STREET ADDRESS	320 E. SHORE ROAD					
CITY-ST-ZIP	JAMESTOWN RI					
TITLE	CS	DELETE	4.1 TI	rle	Change Addition	
NAME	MACGILLIVRAY, JOHN F.		4.2 N	ME		
STREET ADDRESS	7 RADCLIFFE TERRACE		4.3 ST	REET ADDRESS	ss J	
CITY-ST-ZIP	HALIFAX MA		4.4 CI	TY-ST-ZIP		
TITLE	D	DELETE	5.1 TI	TLE	Change Addition	
NAME	OJAMAA, MART		5.2 N	ME		
STREET ADDRESS	11 SWAN AVENUE		. 5.3 ST	REET ADDRESS	ss	
CITY-ST-ZIP	LEXINGTON MA		5.4 CI	TY-ST-ZIP		
TITLE	D	DELETE	6.1 TI	TLE	Change Addition	
NAME	MAMYEK, JOSEPH		6.2 N	AME	Mamayek	
STREET ADDRESS	30 TRENTON STREET		6.3 ST	REET ADDRESS	_	
CITY-ST-ZIP	MELROSE MA			TY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

* ·

7/6/99

(617) 482-2299

34 Farnsworth Street Boston, Massachusetts 02210

t 617.482.2299 f 617.482.4886 e info@jb2000.com

July 5, 1999

Annual Report
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Secretary of State:

We did not receive the original or first packet for the Florida 1999 Profit Corporation Annual Report.

This "2nd Notice" is the first one we received this year.

We are stapling our check in the amount of \$150.00 in payment of the filing fee.

As you suggested, next year, we will call you if we have not received our packet by February 15, 2000.

If you need any further information, please call at 617-482-2299.

Sincerely,

John F. MacGillivray

Clerk