

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **857416** (2)
1. Corporation Name
MEDIPLEX CONSTRUCTION CO., INC.



Principal Place of Business 197 FIRST AVENUE NEEDHAM MA 02194	Mailing Address 197 FIRST AVENUE NEEDHAM MA 02194
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>110 Cedar St</i> Suite, Apt. #, etc. 22 <i>Suite 90</i> City & State 23 <i>Wellesley, MA</i> Zip <i>02181</i> Country 24 <i>USA</i>		2a. Mailing Address 26 <i>110 Cedar St</i> Suite, Apt. #, etc. 27 <i>Suite 90</i> City & State 28 <i>Wellesley, MA</i> Zip <i>02181</i> Country 29 <i>USA</i>		3. Date Incorporated or Qualified 08/12/1983	4. FEI Number 04-2799849 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOSMAN, ABRAHAM			1.2 NAME			
STREET ADDRESS	513 COUNTY ROAD			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33480			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERWIN, JONATHAN S.			2.2 NAME			
STREET ADDRESS	197 FIRST AVENUE			2.3 STREET ADDRESS			
CITY - ST - ZIP	NEEDHAM MA 02194			2.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBS, FREDERIC H.			3.2 NAME			
STREET ADDRESS	197 FIRST AVENUE			3.3 STREET ADDRESS			
CITY - ST - ZIP	NEEDHAM MA 02194			3.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEATHERS, FREDERICK			4.2 NAME			
STREET ADDRESS	197 FIRST AVENUE			4.3 STREET ADDRESS			
CITY - ST - ZIP	NEEDHAM MA 02194			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. 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.

CR2E034 (10/97)