

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

#520  
✓# 11349  
A/C# 5088-000

DOCUMENT # 858049 (0)

1. Corporation Name

NANMAC CORPORATION

Principal Place of Business

9-11 MAYHEW  
FRAMINGHAM MA 01701

Mailing Address

9-11 MAYHEW  
FRAMINGHAM MA 01701



3. Date Incorporated or Qualified

10/10/1983

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

21 State, 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

52-0729504

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

NANIGIAN, JACOB  
526 SOUTH H ST.  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and shall be applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NANIGIAN, JACOB  
STREET ADDRESS 622 SOUTH L ST.  
CITY-STATE-ZIP LAKE WORTH FL

TITLE VD ☒ DELETE

NAME NANIGIAN, DANIEL  
STREET ADDRESS 9-11 MAYHEW ST  
CITY-STATE-ZIP FRAMINGHAM MA

TITLE STD ☐ DELETE

NAME TRANT, RACHEL  
STREET ADDRESS 114 CENTRAL ST #2  
CITY-STATE-ZIP HOLLISTON MA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

21 WINTHROP ST.  
HOLLISTON, MA 01746

VD  
Gregory NANIGIAN  
400 WASHINGTON ST # 302  
BRAINTREE, MA 02184

D  
JANE Siegal  
15 Fox Hill DR.  
NATICK, MA 01760

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 119.07(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: Rachel Trant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 508-872-4811  
Date Daytime Phone #

CR2E034 (12/95)