**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90109 046 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 858156

1. Corporation Name

BULFINCH ASSOCIATES, INC.

							<u> </u>
Principal Place	e of Business	Mailing Address			112012112121212121212121212121212121212		
17051 RYTON LANE BOCA RATON FL 33496		29 NORTHSTONE ROAD SWAMPSCOTT MA 01907			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	11110 017100	**
					10/18/1983		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			04-2791804		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Col	intry	8. This corporation owes the current ye		IZ No
24	25	29	30	,	Personal Property Tax.	☐ Yes	LEJNO
	9. Name and Address of Curr	ent Registered Agent		04 1	10. Name and Address of New Regist	erea Agent	
A11 F	TN MADI/			81 Name			
	en, mark 51 ryton lane			82 Street A	Address (P.O. Box Number is Not Acceptable)		
	A RATON FL 33496			83		· · · · · · · · · · · · · · · · · · ·	
	7, 10, 10, 11, 12, 00, 100					er Zin	Code
				84 City		FL 85 Zip	Code
SIGNATURE	egistered agent, or both, in the statement familiar with, and accept the oblining signature, typed or printed name of registered a					NTE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT Change	
TITLE	PTD	☐ DELETE	1.1 T			Criange	
NAME	ALLEN, MARK L.		1	AME			ļ
STREET ADDRESS				TREET ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL VS	DELETE	2.1 T	ITY-ST-ZIP		☐ Change	Addition
TITLE NAME	ALLEN, MARK L.	<del></del>		IAME	-a_		•
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CITY-ST-ZIP	BOCA RATON FL		2.46	CITY-ST-ZIP		= 1.01	
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NAME				STREET ADDRESS			}
STREET ADDRESS				CITY-ST-ZIP			]
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TITLE		☐ DELETE	1	NAME		☐ \$11918v	
NAME				STREET ADDRESS			
I ATREET ADDRESS	r I		3.0		1		· ·

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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, with all other like empowered.