

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

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1996 APR 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001891 (1)

1. Corporation Name

CONTINENTAL WINGATE MORTGAGE CORPORATION

Principal Place of Business

75 CENTRAL STREET
BOSTON MA 02109

Mailing Address

75 CENTRAL STREET
BOSTON MA 02109



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1993	05/17/1995
4. FEI Number	Applied For
04-3133695	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing	
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road
83	
84 City	Plantation
85 FL	Zip Code 33324

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 my 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia A. Canario PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY 4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, MICHAEL D	1.2 NAME	
STREET ADDRESS	16 HAMMOND CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUDBURY MA	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, BRIAN E	2.2 NAME	
STREET ADDRESS	15 HICKORY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MEDFIELD MA	2.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, JEFFREY	3.2 NAME	
STREET ADDRESS	59TH WOODRIDGE WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAYLAND MA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, GERALD	4.2 NAME	
STREET ADDRESS	132 YARMOUTH RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUDBURY MA	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, TODD	5.2 NAME	
STREET ADDRESS	131 LAUREL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHESTNUT HILL MA	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

617-574-9000

Date

Daytime Phone #

CR2E034 (12/95)