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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400000291 (4)

CENTENNIAL ASSOCIATES, INC.

Principat Place	e of Business	Mailing Address	Mailing Address			r sadrina tila latet milit matt äntit äntit mater	MBALI MATIL ANTEN IIMAN ERIA	
4 CENTENNIAL PEABODY MA		4 CENTENNIAL DR. PEABODY MA 01990-7902			:			
						Date Incorporated or Qualified 01/21/1994	3a. Date of Last F 05/02/1996	Report
	lace of Business	2a. Mailing Address	ing Address			4. FEI Number		oplied For
	EE ABOVE	26				04-3157520	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, et 27						5. Certificate of Status Desired	1 1 7	Additional equired
City & State	e	City & State	28			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζφ	Country Zip		Country		_	8. This corporation has liability for in		s. 1 <b>99</b> .032,
24	25	29 3				Florida Statutes Yes No		
	g. Name and Address of Curr	ent Registered Agent		T 31		10. Name and Address of New Reg	pistered Agent	
HIQ CORPORATE SERVICES, INC.				Name				
	east park avenue 'e 200		62 Street Addres		et Addres	ss (P.O. Box Number is Not Acceptab	le)	
TALL	AHASSEE FL 32301		63					
			84		,		FL	Code
11. Pursuant office or ragent. Fa	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and apcept the obl	502 and 607.1508, Florida Statutes ite of Florida. Such change was au ligations of, Section 607.0505, Flori	, the abou thorized b da Statute	e-name y the cost.	ed corpo orporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
SIGNATURE	Sityrature typed or printing harne of registered	CHOICE I				J when reinstating)	DATE	
12.		IND DIRECTORS	13.	koj ir silži isi	ore radurate	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PSD	DELETE	1.1 TITLE		1	ADDITIONAL PROPERTY OF THE	Change	Addition
NAME	RYAN, THOMAS F	<del></del>	1.2 NAME	1	l		<u> </u>	_
SIFELT ADDRESS	206 LOCHA DR.		1.3 STREE		s			
CITY- ST-ZIP	JUPITER FL 33458		1.4 CITY -		1.	4 4		
TITLE	VPTS	DELETE	2.1 TITLE	o,	V	T/AS/D	To X Change	Addition
NAME :	WELLMAN, JOHN G JR		2.2 NAME		50	HN 6. WELLMAN, 3 COUNTRY CLI EABODY, MA.	JK,	
STREET ADDRESS	49 CHURCH ST.		2.3 STREE	T ADDRES	s 3	3 COUNTRY CLI	JB RD	
CITY-ST-ZIF	NORTHBORO MA 01532	■ *		ST-ZIP	P	EABONY MA.	01960	
TiTLE	D	☐ DELETE	31 TITLE		'-'	, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	WELLMAN, JOHN G JR		32 NAME					
STHEEL ADDRESS	49 CHURCH ST.		3.3 STREE	T ADORES	s	•		
CHTY - ST - ZIP	NORTHBORO MA 01532			ST-ZIP				
10,6	VP .	DELETE	4.1 TITLE				Change	Addition
NAMÉ	COWMAN, TERRY L		4. 2 NAMI					
STREET ADDRESS	8 ROCKWOOD HEIGHTS		4.3 STREET ADDRESS		s			
C/TY - ST - ZIP	MANCHESTER MA 01944		4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE		"		☐ Change	Addition
NAME			5.2 NAME			÷,		
STREET ADDRESS			5.3 STREE	T ADDRES	s	•		
CHY-ST-ZIP			5.4 CITY-	ST-ZIP		:		-
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME			• •		
STREET ADORESS			6.3 STREE	t addres	s			
CHY-S1-ZIF			64 CITY-	ST-ZIP	[			

14. I do 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 proporation by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Biock 12 or Back 301 that made must with an address