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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002553 (5)

SPENCER, WHITE & PRENTIS FOUNDATION CORPORATION

Principal Place of Business Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



6 COLLETTI LANE SWANSEA MA 02777		147 AUSTRALIAN AVE Palm BCH Fl 33480 US		DO NOT WRITE IN THIS SPACE			
		• -			3. Date Incorporated or Qualified		
					05/17/1994		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	A	oplied For	
21		26			04-3184591	N	ot Applicable
Suite, Apt. #, etc 22		Suite, Apt #, etc.		5. Certificate of Status Desired See Regulred Fee Regulred			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25		Country 30		This corporation owes or has paid the current year Integrible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				,	10. Name and Address of New Registered	Agent	
LAF	Rue, Brian M		B1	Name			
	AUSTRALIAM AVE LM BCH FL 33480		82	Street	Address (P.O. Box Number is Not Acceptable)		
''"			83				
			84	City	FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.05.02 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or profed come of regence. Lagor	of well to of sect and to 1900 E	Chairtered Age	nt rionali en	required when reinstating) DATE		
12. OFFICERS AND DIRECTORS				an signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PCDT	DELETE	13. 1.1 TOLE		TIPETITO TO CITATION TO CITATI	Change	☐ Addition
NAME	LARUE, BRIAN M		1.2 NAME				_
STREET ADDRESS	149 AUSTRALIAN AVE		1.3 STREET ADDRESS				- 1
CITY-ST-ZIP	PALM BCH FL		1.4 City-St-ZiP				I
TITLE	S	X DELETE	2.1 TITLE		SPERTORY	Change	Addition
NAME	LARUE, BRIAN M	^	2.2 NAME		a keith La Rue		7]
STREET ADDRESS	149 AUSTRALIAN AVE		2 3 STREET ADDRE		5400 DOWELHOUSE PORO		1
CITY-ST-ZIP	PALM BCH FL		2 4 CITY-5	31 - ZIP	Secretary B. Keith La Rue 5400 DOWERHOUSE PORO UPPUR MONIBORD, MD		
TITLE	D	DELETE	31 TITLE		77 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Change	☐ Addition
NAME	FLOYD, DREW		3.2 NAME				*
STREET ADDRESS	8 VINE STREET		3 3 STREET ADDRESS		, '		
CITY-ST-ZIP	TAUNTON MA		3.4. CITY - ST - 7/P				
TITLE	D	DELFTE	4.1 TITLE			☐ Change	Addition
NAME	KLANG, JOHN		4. 2 NAME				
STREET ADDRESS	650 PEARSE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	SWANSEA MA		4.4 CITY - ST - ZIP				
TITLE	ΧD	☐ DELFTE	5 1 TITLE		DIRECTOR	Change	Addition
NAME	GREGORY, FRANK		5.2 NAME] - · ·	- •	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	PARAMUS NJ		5 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME !		. 6					
STREET ADDRESS			6.3 STREET	ADDRESS			
01774 67 310			6.4.0074.0	7 710			İ

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 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 adops.