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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of 45 MILK ST. BOSTON MA 02109	f Business	Mailing Address			
		-			4 cestings tales trails from early early series series trails fetal crost early early
	9	45 MILK ST. Boston ma 02109-5105			
					3. Date Iricorporated or Qualified
2. Principal Place	e of Businoss	2a. Mailing Address			4. FEI Number Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			04-3092338 Not Applicable
22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7 (p	Country	/	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	·	Florida Statutes Yes No
·	g. Name and Address of Current	registered Agent	81	Namo	10, Name and Address of New Registered Agent
	PROPATION SYSTEM		[8]		
1200 S. PINE ISLAND RD. PLANTATION FL 33324			82	Street	Address (P.O. Box Number is Not Acceptable)
			83		
			L		
			84	City	FL 85 Zip Code
SIGNATURE	stered agont, or both, in the State is amiliar with, and accept the obligation of the properties of registered agent				corporation submits this statement for the purpose of changing its registered contains board of directors. I hereby accept the appointment as registered to the appointment as registered to the contains the contains to the contains th
12.	OF LICERS AND		13.	car a gristure	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	10	DELETE	1.1 Tale		Change Addition
	egel, arthur i		1.2 NAME		
	18 DEAN ST.		1.3 STREE	ADDRESS	
	ROOKLINE MA 02146		1.4 CHY-	ST - ZIP	
TITLE D		DELETE	21 TITLE		Change Addition
	NUANE, MICHAEL A		2 2 NAME		
164	1 WILLIAM FAIRFIELD DR. VENHAM MA 01984		2.3 STREE		
TITLE T		DELETE	2. 4 City - 3.1 Title	S1 - ZIP	Change Addition
	EGAETA, ROBERT A	J. S.	3.2 NAME		Oliuligo () Nooliio
	O HEMLOCK RD.		3.3 STREET	ADDRESS	
	EABODY MA		3.4. CITY-		
TITLE V		DELETE .	4.1 TITLE		Treasurer, Secretary Change MAddition
NAME N	IEHER, ANDREW M		4, 2 NAME		, , , , , , , , , , , , , , , , , , ,
	3 HILLSIDE DR		4.3 STREE	ADDRESS	
	VAYLAND MA		4.4 CITY-5	1-ZIP	4
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CAY-5	ot - 7IP	☐ Change ☐ Addition
NAME		Find form of	6.2 NAME	ľ	E cumile
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			6.4 CITY-5		
	certify that the information supplied	with this filing does not qual			tated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under eath; that eport as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 03 1997 8:00am

Secretary of State