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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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SIGNATURE:

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Principal Place		Ť	Mailing Address			ter mittes amens asame emenn	ttima bitt imme
50 WOODLAWN WELLESLEY MA		50 WOODLAWN AVE Wellesley Ma 02181-3	50 WOODLAWN AVE Wellesley ma 02181-3122				
					3. Date Incorporated or Qualified 11/10/1994	3a. Date of Las 03/05/1990	•
2. Pencipal Place of Business		2a, Mailing Address			4, FEI Number	00/00/100	Applied For
21		26	26		04-3193131		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	5 Additional
22	,	27				F-96	Required
City & State	!	City & State			6. Election Campaign Financing		00 May Be ed to Fees
Z ip	Country	28	Countr	ſv	Trust Fund Contribution 8. This corporation has liability for		
4	25	29	30	.,		Yes Mo	n s. 189.032,
g. Name and Address of C				10, Name and Address of New Registered Agent			
CT C	ORPORATION SYSTEM		8	1 Name			
1200 S. PINE ISLAND RD			82 Street A		ddress (P.O. Box Number is Not Acceptable)		
	ITATION FL 33324		L_				
			B:	3			
			84	4 City		85 2	ip Code
·····						FLI	,
11. Pursuant to office or re	o the provisions of Sections 607. agistered agent, or both, in the S or familiar with, and account the ri	.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of Section 607.0505	utes, the abor s authorized h Florida Statut	ve-named cor by the corpora	rporation submits this statement for the ation's board of directors, I hereby acce	purpose of changing ept the appointment	g its registered as registered
				AS.			
	or minimum wair, and nocept the e	ingalians of, decitor dor.0000,	i ionda olalot	es.			
SIGNATURE	Sign cine haped or printed name of registers	ed agent and title if applicable (N			wired when reinstating)	DATE	
SIGNATURE 12.	Sign of restyped or printed name of registere OFFICERS	ed agent and title if applicable (N S AND DIRECTORS	OTE: Registered A	gent signature requ		DATE ICERS AND DIRECT	TORS IN 12
SIGNATURE 12. TRUE	Supracinatival de printed name et registere OFFICERS PVS	ed agent and title if applicable (N	OTE: Registered A 13. 1.1 Tälle	gent signature requ	wired when reinslating)	DATE	TORS IN 12
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