

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006114 (2)

1. Corporation Name

MONTEREY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

THE BERKSHIRE COMMON
SUITE 360
PITTSFIELD MA 01201

THE BERKSHIRE COMMON
SUITE 360
PITTSFIELD MA 01201

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

04-3248567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

STEPHENS, JOHN E
540 N.E. 4TH ST.
FT. LAUDERDALE FL 33301

81

Name

CT Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

83

84

City

Plantation,

FL

85

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

see attached

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARKE, THOMAS M
STREET ADDRESS 44 CLYDESDALE DR.
CITY-ST-ZIP PITTSFIELD MA 01201 ☐ DELETE

TITLE TDS
NAME CLARKE, LINDA M.
STREET ADDRESS 44 CLYDESDALE DRIVE
CITY-ST-ZIP PITTSFIELD MA ☐ DELETE

TITLE D
NAME CUMMINGS, LAWRENCE B.
STREET ADDRESS 250 ROYAL PALM WAY, SUITE 202
CITY-ST-ZIP PALM BEACH FL ☐ DELETE

TITLE D
NAME CUMMINGS, AMORY
STREET ADDRESS 311 S. WACKER DRIVE
CITY-ST-ZIP CHICAGO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Linda M. Clarke, Treas./Secretary

4/9/96

(413)448-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)