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

Mailing Address

% THE GATEHOUSE GROUP 313 CONGRESS ST BOSTON MA 02210-1218

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 03 1997 8:00am

Secretary of State

(617)345-9300

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500002020 (4)

GHG SPRINGBROOK, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business

% THE GATEHOUSE GROUP 313 CONGRESS ST

BOSTON MA 02210

						3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995		
2. Priocipal P	lace of Business	2a. Mailing Address	ing Address			4. FEI Number Applied Fo	ır	
21		26	<u></u>			NOT ARRIGARILE 04-3267384 Not Applic		
Suite, Apt. #, etc.		Suite, Apt. #. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & Stat	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees		
Zφ	Country	Zφ	Count	try		8. This corporation has liability for intangible tax under s. 199.03	2,	
24	25 29 30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ATTAWAY, JOHN A ESQ				81 Name				
LANE, TROHN ET AL				82 Street Address (P.O. Box Number is Not Acceptable)				
ONE LAKE MORTON DR								
LAKELAND FL 33802-0003				33				
			6	34	City	85 Zip Code		
						FL 13 25 Com		
11. Pursuant to the provisions of Sections £07.05.02 and £07.15.08, 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 1 am familiar with, and accept the obligations of, Section £07.05.05, Florida Statutes.								
SIGNATURE	Signature, typeo or presed name of segistered a	igent and their applicable (NO	OTE Registered A	Agent	t signature requi	wed when reinstating) DATE	—	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THEE	PSO DELETE 1.1			Ę.		Change Add	dition	
NAME	PLONSKIER, MARC S		1.2 NAME					
STREEL ADORESS	313 CONGRESS STREET		1.3 STRI	EET A	ADDRESS.			
CHY-S1-ZIP	BOSTON MA			/ - ST-	- ZIP			
	AV	DELETE	2.1 filt	.E		☐ Change ☐ Ade	dition	
NAME	HARRISON, DEAN E		2.2 NAME					
STREET ADORESS	313 CONGRESS STREET		2.3 STR	2.3 STREET ADDRESS				
CITY - ST - ZiP	BOSTON MA 2.4			Y - \$T	r - ZIP			
ŢIT_E	D DELETE 31			.E		Change Ad	dition	
NAME	CANEPARI, DAVID J			Æ				
STHEET ADDRESS	313 CONGRESS STREET		3.3 STREET ADDRESS		ADDRESS			
C/4Y-S1-7/P	BOSTON MA 3.			Y-\$T	r-ZIP			
TITLE	T DELETE 41			.E		Change Ad	dition	
NAME			4. 2 NA)	ME				
STREET ADDRESS			4 3 STR	EET A	ADDRESS			
CITY+ST-ZIP			4.4 City	Y - ST	- ZIP			
TIT.E	DELETE 51		5 1 TOTA	.E		☐ Change ☐ Ad	dition	
NAME	52		5.2 NAM	ΛE				
STREET ADDRESS	53		53 STR	EET A	ADDRESS			
CITY - ST - ZIP			54 CITY	Y-ST	ZIP			
TITLE	DELETE 61			.E	I	☐ Change ☐ Ad	dition	
NAME			D3 NAN	ΝE				
STREET ADDRESS			63STR	EET A	ADDRESS			
City - St - ZIP	6.4			CITY-ST-ZIP				
14. I do nereby certify that the information supplied with this time 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 supplier 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 of the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name								