

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005172 (0)**

1. Corporation Name
RIGHT TURN, INC.



Principal Place of Business: **181 NORTH COMMON ST. LYNN MA 01905**
Mailing Address: *Change*
181 NORTH COMMON ST. LYNN MA 01905
220 East Main Street Milford MA 01757

2. Principal Place of Business
21 *200 E. Main St*
22 *Milford MA*
23 *01757* Country *USA*
24 *01757* 25 *USA*
2a. Mailing Address
26 *200 E. Main St.*
27 *Milford MA*
28 *01757* 29 *USA* 30 *USA*

3. Date Incorporated or Qualified: **10/24/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **04-3071477**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE

Signature by the president or officer authorized to sign

Signature by the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	VALLE, STEPHEN K	
STREET ADDRESS	181 NORTH COMMON ST.	
CITY-STATE-ZIP	LYNN MA 01905	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAHN, GARY	
STREET ADDRESS	7 SNOWFIELD RD.	
CITY-STATE-ZIP	MATTAPOISETT MA 02739	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, JOHN H	
STREET ADDRESS	541 SUMMER ST.	
CITY-STATE-ZIP	STOUGHTON MA 02072	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Valle, Stephen K.	
13 STREET ADDRESS	7 Auburndale Road	
14 CITY-STATE-ZIP	Milford MA	
21 TITLE	Treas. & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Ron Ross.	
23 STREET ADDRESS	87 E. Killingsly Road	
24 CITY-STATE-ZIP	Foster, RI	
31 TITLE	clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Susan Dechant	
33 STREET ADDRESS	181 Worcester Road	
34 CITY-STATE-ZIP	Frammingham, MA	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Joseph Gill	
43 STREET ADDRESS	22 High Street	
44 CITY-STATE-ZIP	Southham, MA	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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)(g), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (508)634-1877 FAX 116

CR2E034 (12/95)