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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 13 1998 8:00am Secretary of State

CATAL	CE OF Business	Mailing Address  10 OCEANA WAY NORWOOD MA 02062		DO NOT WRITE IN THIS  3. Date incorporated or Qualified	
		<u></u>		11/28/1995	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-3292174	Not Applicable
<u> </u>		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24	25	[29]	30		Yes No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	T CORPORATION SYSTEM		OT Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street	Address (P.O. Box Number is Not Acceptable)	
r.	ANTATION FL 33324		83		
			84 City	Fi	85 Zip Code
31. Pursuant office or agent. I a	to the provisions of Sections 607.656 registered agent, or both, in the State am familiar with, and accept the oblig.			corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	OFFICERS AN	<del></del>	Registered Agent signature	req.ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	CFOT	DELETE	1.1 1ffLE		XI Change Addition
NAME	MULHERN, LAURENCE F		1.2 NAME	CFO/T/S	
STREET ADDRESS	10 OCEANA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORWOOD MA		1.4 CITY-S1-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROWELL, ROBERT J		2.2 NAME		
STREET ADDRESS	10 OCEANA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORWOOD MA	VI oriera	2.4 CITY-ST-ZIP		
TITLE	CEO	<b>X</b> DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAMES ROUSOU 10 OCEANA WAY		3 2 NAME		
STREET ADDRESS	NORWOOD MA		3 3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE	VP	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	**	X Change Addition
NAME	HALNEN, JOHN E JR.	- btttlt	4.1 ITTE	V	A Change Addition
STREET ADDRESS	10 OCEANA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORWOOD MA		4.4 CITY - S1 - ZIP		
TITLE	V	DELETE	5.1 TITLE		Change Addition
NAME	MAGIONCALDA, ANDREW A		5.2 NAME		
STREET ADDRESS	10 OCEANA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORWOOD MA 02062		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
OTOPET ADADESC			6.3 STREET ADDRESS		
STREET ADDRESS			U.a STREET REPORTED		

Thereby certify that the information supplied with this filing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the corp