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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F96000001196 (2)

1. Corporation Name
ALEWIFE ASSET CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 329 MEDFOR MA 02155	P.O. BOX 329 MEDFOR MA 02155-0003

3. Date Incorporated or Qualified: 03/08/1996
3a. Date of Last Report:

2. Principal Place of Business
21: PO Box 560282
22: Suite, Apt. #, etc.
23: City & State: West Medford MA
24: Zip: 02156 25: Country: USA

2a. Mailing Address
26: po Box 560282
27: Suite, Apt. #, etc.
28: City & State: West Medford MA
29: Zip: 02156 30: Country: USA

4. FEI Number: 88-0264949 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

RESMONDO, ANN
C/O OAKLODGE MOBILE HOME PARK
7101 LILLIAN HIGHWAY
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LEAHY, JOHN W		1.2 NAME	
STREET ADDRESS	178 BOSTON AVE (PO BOX 329)		1.3 STREET ADDRESS	178 Boston Ave (PO Box 560282)
CITY-ST-ZIP	MEDFORD MA 02155		1.4 CITY-ST-ZIP	Medford MA 02155 (West Medford MA 02156)
TITLE	CVCD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LEAHY, JOHN W		2.2 NAME	
STREET ADDRESS	178 BOSTON AVE (PO BOX 329)		2.3 STREET ADDRESS	178 Boston Ave (PO Box 560282)
CITY-ST-ZIP	MEDFORD MA 02155		2.4 CITY-ST-ZIP	Medford MA 02155 (West Medford MA 02156)
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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 in an attachment with an address.

SIGNATURE: SIGNATURE 4/23/97 504 456-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000582