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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005727 (0)

CHANCELLOR OF ABERDEEN, INC.

Principal Plac	e of Business	Mailing Address				{	<b>                                    </b>	ARRIVATE HARRI	H	
197 FIRST AVE	<b>.</b>	197 FIRST AVE.	197 FIRST AVE.							
NEEDHAM MA	02194	NEEDHAM MA 02194-2812	NEEDHAM MA 02194-2812							
						3. Date incorporated or Qualified	3a, Da	ate of Last R	leport	
		· · · · · · · · · · · · · · · · · · ·				11/04/1996				
	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number 04-3339	433		oplied For	
Suite, Apt.	# 010	26 Suite And # ote	Suite, Apt. #, etc.			APPLIED FOR	<del> </del>		ot Applicable	
22	#, 610.	27			5. Certificate of Status Desired			Additional equired		
City & Stat	8	City & State			6. Election Campaign Financing	<del></del>		May Be		
23		28	8			Trust Fund Contribution			to Fees	
, Zip	Country	Zip	Count	ry		8. This corporation has liability for	intangible			
24	25		30					□ No		
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent		
	CORPORATION SYSTEM		8	1 Na	ame					
1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			8							
			8	3						
			8	4 Ci	ly	W. W	F*1	<b>85</b> Zip	Code	
de Direccent	to the provisions of Costions 607 050	32 and C07 1509 Florida Statuta	a the sho	1		oration submits this statement for the	FL			
office or r	registered agent, or both, in the State	eof Florida. Such change was au	uthorized b	ov the	corporatio	pration submits this statement for the pon's board of directors. I hereby acce	orpose or pt the app	ointrnent as	is registered registered	
•	m familiar with, and accept the oblig	ations of, Section 607,0505, Flor	ida Statut	98.						
SIGNATURE	Signature, typed or printed name of registered ag	ont and title 4 and cable. (NOTE:	Hegistered A	oert sie	nature tenuiro	d when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	
TITLE	PTDC	☐ DELETE	1.1 TO LE					☐ Change	Addition	
NAME	GOSMAN, ABRAHAM D		1.2 NAM							
STREET ADDRESS	197 FIRST AVE.		1.3 STREET ADDRESS		tess					
CITY-ST-ZIP	NEEDHAM MA 02194		1.4 CHTY	ST - ZIP						
TITLE	VS	☐ DELETE	2.1 TITLE					Change	Addition	
NAME	AND PIONT AND		2.2 NAM							
STREET ADDRESS	197 FIRST AVE.		2.3 \$1REE1 ADDRESS							
CITY-ST-ZIP				- \$1 - 71	·			T 1 0		
TITLE	PERMANU DIGITARD D							L Change	Addition	
NAME OTOCET ADODECC	197 FIRST AVE.		3.2 NAMI		vr.60					
STREET ADDRESS CITY-ST-ZIP	NICEDITATE MA 00404		3.3 STRE							
TITLE			3.4. CITY 4.1 TITLE					Change	Addition	
NAME			4.03(4)	,	Fre	derick R. Leathers				
STREET ADDRESS			4,3 S18F	FT ADDE	ESS 197	First AVE				
CITY-ST-ZIP			4.4 CHY-	ST - 7IF	Ne	ed ham, MA 02194				
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAMI							
STREET ADDRESS			5.3 STRE	ET ADDE	RESS					
CITY-ST-ZIP		······································	5.4 CITY	ST - ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAM							
STREET ADDRESS			6.9 STRE	ET ADDE	KESS					
CITY-ST-ZIP		d 10 d 3 70	6.4 C/TY							
informatic	on indicated on this ennual report or :	sunplemental annual report is to	in and aci	Surate	and that r	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	al affact ac	e if made un	dar asta-that l	
l am an o appears i	officer or director of the comoration of In Block 12 or Block 12 if thangail, o	r the receiver or trustor empowe or on in attachment with an addr	red to exe ess.	ecute	this report	as required by Chapter 607, Florida	Statutes; a	nd that my r	name	