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

DOCUMENT # F9700000974 (2)

DIGIORGIO ASSOCIATES INC.

Principal Place of Business	Mailing Address
20K EDIENN STREET	225 EDIEND CT

FILED Feb 19 1998 8:00am Secretary of State



Principal Place	e or Business	Mailing	Address					
225 FRIEND		225 FRIEND STREET						
BOSTON MA	02114	BOSIC	ON MA 02114			DO NOT WRITE IN THE	SISPACE	
l						3. Date Incorporated or Qualified	JOINGE	
						02/24/1997		
2. Princinal Pl	lace of Business	2a Mail	ing Address			4. FEI Number		Applied For
	idoo or Basinood	<u> </u>	ing radioss					· · · · · · · · · · · · · · · · · · ·
21 26 Suite, Apt. #, etc. Suite, Apt. #			e, Apt. #, etc.	oto		04-2842901	Not Applicable	
22		<u> </u>	Soile, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required		
City & State	<u> </u>	27 City	& State	 		6 Florido Comunica Sincerio		'-
├ ┐ '			ony di State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28 Zip		Country				
24	25	29		30		This corporation owes or has paid the of Personal Property Tax due June 30.	urrent year	Intangible No
24	9. Name and Address of Curr		Agent	1301		10. Name and Address of New Registere		ALINO
	···	on nogistores	Agon.	81	Name	10. Name and Addison of New Hogistere	u ryont	
	T CORPORATION SYSTEM	_		0.	140110			
	00 South Pine Island Roa	U		82	Street Add	dress (P.O. Box Number is Not Acceptable)		···
PL	ANTATION FL 33324							
	_			83				
	·			84	City		85 Z	ip Code
				امرا	City	F	L °° ′	p code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.15	08, Florida Statu	ites, the above	e-named cor	rporation submits this statement for the purpose	of changing	g its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obj	ale of Florida. Su finations of Sec	ich change was tion 607 0605 - F	authorized by	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	pointment	as registered
	milaninai with, and accesit the ob-	ilgations or, sec	11017 007 .0303, 1	TOTICA STATUTES				
SIGNATURE	Signature, typed or printed name of registered	enent and title if ecoli	cable /NC	OTF Banisland Ans	ni signalura regu	uired when reinstating) DATE		
12.		ND DIRECTOR		13.	in signature rego	ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECT	ORS IN 12
TITLE	PCD	into Entree February	DELETE	1.1 TITLE		10011010/0101102010 0111021070	Chang	
NAME	DIGIORGIO, DOMENIC			1.2 NAME				о Шискы
	33 MORRISON AVE							
STREET ADDRESS			•	1.3 STREET	ADDRESS			
CITY-ST-ZIP	STONEHAM MA			1.4 CITY - S	T-ZIP			
TITLE	TD		☐ DELET é	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	WEAVER, JOHN W			2.2 NAME	ŀ			
STREET ADDRESS	4 HAZEL ROAD			2.3 STREET	ADDRESS			
CITY-ST-ZIP	HOPKINTON MA			2. 4 CITY - 9	iŦ-ZIP			
TITLE	\$		DELETE	3.1 TITLE			Chang	e 🔲 Addition
NAME	LESPERANCE, MARIE			3.2 NAME			·	
STREET ADORESS	5 ERIE STREET			3.3 STREET	ADDRESS			
	WOBURN MA							
CITY-ST-ZIP TITLE	TODOTH IN		☐ DELET E	3.4. CITY - S 4.1 TITLE	1 - Z(P	<u>, , , , , , , , , , , , , , , , , , , </u>	Chang	e Addition
14164			- DETERIE				L Criariy	ן ווטוווטוא ניי
				4. 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP	<u></u>		To a series	4.4 CITY - S	r - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			DELETE	5.1 TITLE			Chang	e 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	r-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Chang	e 🔲 Addition
NAME				6.2 NAME				
i					*DDGCCC			
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP				6.4 CITY - \$1	- ZIP			

I 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 on an attachment with an address.