## 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 # F9700006082 (8)

**GID MANAGEMENT CORPORATION** 

Principal Place of Business Mailing Address				I LEGISSO JUNG LOUIN LOBBLE COUNT ORNIT BOTH GAVIN CRUIN BSIST DRUGH FRINT HIGH FOOT		
% General investment & Development Co. 800 Atlantic Aye Ste. 2000 Boston Ma 02210		% GENERAL INVESTMENT & DEVELOPMENT CO. 600 Atlantic Ave Ste. 2000 Boston MA 02210		ent co.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2 Principal C	lace of Business	2a Mailian Address			11/17/1997 4. FEI Number 04–339720	D
21 Principal P	lace or Business	2a. Mailing Address				8 Applied For Not Applicable
Suite, Apt W. etc.		26 Suite, Apt. #, etc.			APPLIED FOR	CO 75 Additional
					5. Certificate of Status Desired Fee Require	
City & Stat	o	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	
24	9. Name and Address of Curren	1 Desistand Apent	30		Personal Property Tax due June 3	
			81 1	Name	10. Name and Address of New Regi	stered Agent
	DRPORATION SERVICE COMPAN	IT .				
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82 S	Street Addr	ess (P.O. Box Number is Not Acceptable	)
"	EDAINOGE LE 35301-5353		83			
			<u> </u>		777 - 1111	
			84 0	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida State	utes, the above-n	amed corp	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, f	s authorized by th Florida Statutes.	e corporati	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
SIGNATORE	Signature, typied or printed name of registered age		O1E: Registered Agent s	ignature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	CPD	<b>™</b> DELETE	1.1 TITLE			L. Change L. Addition
NAME	MURDY, WILLIAM F	^^	1.2 NAME			
STREET ADORESS	600 ATLANTIC AVE., STE. 20 BOSTON MA 02210	W	1.3 STREET ADD			
CITY-ST-ZIP TITLE	CVS	DELETE	14 CITY-ST-Z 21 TITLE			Change Addition
NAME	JOHNSON, STUART R	butte	2.2 NAME	VS	•	en change
STREET ADDRESS	600 ATLANTIC AVE., STE. 20	m	2.3 STREET ADI	DECC.		
CITY-ST-ZIP	BOSTON MA 02210	••	2.4 CITY-ST-2			
TITLE	DT	DELETE	3.1 TITLE			Change Addition
NAME	WYRWICZ, STANLEY B		3.2 NAME			•
STREET ADDRESS	600 ATLANTIC AVE., STE. 20	00	3.3 STREET ADD	DRESS		
CITY-SI-ZIP	BOSTON MA 02210		3.4. CITY-ST-2	ne en		
TITLE		☐ DELETE	4.1 TITLE	CF	PD .	Change X Addition
NAME			4. 2 NAME		VITT, ROBERT E	
STREET ADDRESS			4.3 STREET ADD		ATLANTIC AVE	
CITY-ST-ZIP			4.4 CITY-ST-Z	P BOS	STON, MA 02210	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	-		
\$TREET ADDRESS			5.3 STREET ADO			
CITY-ST-ZIP		T proper	5.4 CITY- ST- Z	IP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6 2 NAME			
STREET ANDRESS			6.4 STREET AND	norec I		

14. 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.

SIGNATURE:

CITY-ST-ZIP

S Bo

Stanley B. Wywicz

4/14/98

**FILED** 

Apr 23 1998 8:00am

Secretary of State

(617) 973 ·