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

F9700006344 (2) DOCUMENT

CHANCELLOR OF PLANTATION, INC. Principal Place of Business Mailing Address 197 FIRST AVENUE 197 FIRST AVENUE NEEDHAM MA 02194 NEEDHAM MA 02194 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 12/02/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For APPLIED FOR 21 043399318 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 24 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 111016 ☐ Change Addition GOSMAN, ABRAHAM D NAME 1.2 NAME 197 FIRST AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEEDHAM MA 02194** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition CLARY, JAMES M III NAME 2.2 NAME 197 FIRST AVENUE STREET ADDRESS 2 3 STREET ADDRESS NEEDHAM MA 02194 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition LEATHERS, FREDERICK R NAME 32 NAME 197 FIRST AVENUE STREET ADDRESS 3.3 STREET ADDRESS NEEDHAM MA 02194 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition ZERMANI, RICHARD P NAME 4. 2 NAME 197 FIRST AVENUE STREET ADDRESS 4.3 STREET ADDRESS **NEEDHAM MA 02194** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE Change **Addition** JEAFABY P. NETERVAL NAME 5.2 NAME STREET ADDRESS 197 FIRST AVE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NEEDHAM, MA 02194 DELETE TITLE Addition Addition 6.1 TITLE ☐ Change

6.2 NAME

6.3 STREET ADDRESS

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: V

NAME

STREET ADDRESS

PAUL ZAYLOR

197 FIRSTANE.

781-422-1000

FILED

May 07 1998 8:00am

Secretary of State