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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90066 005 ***150.00

 Corporation 	MENT # F98000 OCIATES, INC.	005363					
Principal Place	of Business	Mailing Address					NAME OF STREET
Principal Place of Business Mailing Address 145 WOOD ROAD 145 WOOD ROAD							
BRAINTREE MA 02184 BRAINTREE MA 02184							
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					09/24/1998		. 15
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21		26		04-3001825	\$8.75 Ac	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Req		
22	27				\$5:00 N		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23	0	Zip	Col	untry	This corporation owes the current year limits.		1 003
Zip	Country	⊢ ′	30	und y	Personal Property Tax.		₩No
24	9. Name and Address of Curre	29	30	1	10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Italia and Addition of the tregistres		
HUNT, KATHRYN E 900 NORTH COLLIER BLVD. MARCO ISLAND FL 34145				83	dress (P.O. Box Number is Not Acceptable)	85 Zip Co	ode
				84 City	F	L 85 210 C	ode
1	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change wa ations of, Section 607.0505,	is authorize Florida Sta	in ny ine conborai	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint of the purpose of t		
12.	OFFICERS A	ND DIRECTORS	13	·	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.11	TILE		Change	☐ Addition
NAME	LONG, ROBERT J		1.2	NAME		•	ļ
STREET ADDRESS	2 SURF SIDE ROAD		1.3 9	STREET ADDRESS			1
C/TY-ST-ZIP	SCITUATE MA 02066		1.4 0	CITY-ST-ZIP			
TITLE	STD	DELETE	2.1 7	MILE		Change	Addition
NAME	VALENTINE, RICHARD J		2.21	NAME			
STREET ADDRESS	15 KRESS FARM ROAD		2.3 \$	STREET ADDRESS			
CITY-ST-ZIP	HINGHAM MA 02043		2.4	CITY-ST-ZIP	<u></u>		
TITLE	D	DELETE	3.11	INLE		Change	Addition ·
NAME	BROWN, RICHARD W		3.21	NAME			
	60 GLASS TERRACE			STREET ADDRESS			
STREET ADDRESS	DUXBURY MA 02332			CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DONDON MA GEOGE	☐ DELETE		TITLE	-	☐ Change	Addition
		_		NAME			
NAME				STREET ADORESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP		DELETE		TITLE		☐ Change	Addition
TITLE		_ 551111		NAME		_ •	
NAME			•	STREET ADORESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP		□ DELETE		TITLE		Change	Addition
TIFLE		☐ DELETE					
NAME				NAME			
STREET ADDRESS	1		6.3	STREET ADDRESS			

14. 1 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 suppliered that 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 of the fecgiver or based 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, with all other like empowered.

SIGNATURE:

GNATURE AND OPEG OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.99

789-849-17a

CR2E034 (11/6