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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F98000006049

1. Corporation Name

Principal Place of Business	Mailing Address	
197 FIRST AVENUE	197 FIRST AVENUE	
NEEDHAM MA 02494	NEEDHAM MA 02494	

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90049 001 ***150.00

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					Do NOT WRITE Do NOT WRITE The Incorporated or Qualifed	E IN THIS SPACE	
					10/30/1998		j
2 Oringinal D	lace of Business	2a, Mailing Address			4. FEI Number	Ι Δ	pplied For
	ISCA (1 DUSINASS	├ - ┐			APPLIED FOR 04.34		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
22	<i>m</i> , 0.0.	27			5. Certificate of Status Desired	¥	equired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the currer	nt year Intangible	
24	25	293	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	CORROBATION OVOTERA		81	Name			ļ
	CORPORATION SYSTEM		82	Street A	dress (P.O. Box Number is Not Acceptable	le)	
	SOUTH PINE ISLAND ROAD						
PLAI	NTATION FL 33324		83				i
			84	City		85 Zip	Code
				,		FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was auti	, the above	e-named co the corpor	orporation submits this statement for the particular of directors. I hereby accept	urpose of changing its the appointment as re	s registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statutes.				}
SIGNATURE							}
	Signature, typed or printed name of registered ager			it signature req	uired when reinstating)	DATE	ODS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	it signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
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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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)