

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04/24/1996 11:10:51

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # J10954 (2)

1. Corporation Name
GOSMAN CAPITAL FUND CORPORATION

Principal Office of Business: C/O THE PRENTICE-HALL CORPORATION SYSTEM
513 NORTH COUNTY ROAD
PALM BCH. FL 33480

Alternate Address: C/O THE PRENTICE-HALL CORPORATION SYSTEM
513 NORTH COUNTY ROAD
PALM BCH. FL 33480

DO NOT WRITE IN THIS SPACE

3. Date of Report Due (Month/Day/Year)	3a. Date of Last Report
04/24/1986	04/26/1994
4. FIC Number	Applied For
59-2677385	Not Applicable
5. Certificate of Status Due	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Does corporation have liability for other expenses reported on Form 1000?	
Yes ☒ No ☐	

2. Filing Agent Name	2a. Filing Agent Address
21. Filing Agent Name	26. Filing Agent Address
22. Filing Agent Name	27. Filing Agent Address
23. Filing Agent Name	28. Filing Agent Address
24. Filing Agent Name	29. Filing Agent Address
25. Filing Agent Name	30. Filing Agent Address

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1. Name	B5. State
B2. Street Address (Do not include P.O. Box)	FL
B3. City	
B4. Zip	

11. I, the undersigned, certify that the information supplied with this filing is complete, accurate and true to the best of my knowledge and belief, and that I am a duly qualified and authorized officer or agent of the corporation, partnership, or other entity to execute this filing. I understand that any false or misleading information provided in this filing may result in the revocation of the corporation's, partnership's, or other entity's right to do business in the State of Florida.

12. Name	PSD
GOSMAN, ABRAHAM D.	
513 NORTH COUNTY ROAD	
PALM BEACH FL	
V	
GOSMAN, MICHAEL M.	
10 ROGERS ST., #1202	
CAMBRIDGE MA	
T	
GOSMAN, ANDREW D.	
18 STONECROFT CIR.	
WESTON MA	

13. Name	AGRICULTURAL BANK AND TRUST COMPANY, INC.
197 First Ave	
Needham MA 02194	
197 First Ave	
Needham MA 02194	

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and true to the best of my knowledge and belief, and that I am a duly qualified and authorized officer or agent of the corporation, partnership, or other entity to execute this filing. I understand that any false or misleading information provided in this filing may result in the revocation of the corporation's, partnership's, or other entity's right to do business in the State of Florida.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF RECORDS OFFICER OR DIRECTOR