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Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90105 017 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P07315**

1. Corporation Name

JOHN M. CORCORAN DEVELOPMENT, INC.

Principal Place of Business Mailing Address								<b>             </b>	III <b>ieuu</b> u iiiei iiu		EN BING BING DI	<b>\$1</b> 1 <b>818</b> 11 1 <b>88</b> 1
100 GRANDVIEW RD		100 G	100 GRANDVIEW RD									
SUITE 207			SUITE 207					DO NOT WRITE IN THIS SPACE				
BRAINTREE MA	02184	_	BRAINTREE MA 02184				-	3. Date Incorporated or Qualifed				
US		US						09/05/1985	o or Qualifed			
2 Principal Di	ace of Business	2a M	ailing Address					4. FEI Number			Apr	olied For
21	ace of business	<b>├</b> ──	26					04-2882740			Not	Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						B!I		\$8.75 A	dditional
22	.,	27						5. Certifcate of Stat	us Desired		Fee Re	quired
City & State		$\longrightarrow$	City & State					6. Election Campaig	n Financing		\$5.00	May Be
23		28	28					Trust Fund Contribution Added to Fees				
Zip	Country	Z	Zip Cou					8. This corporation	owes the curr	ent year Int		
24	25 29		30			,	Personal Property					
	9. Name and Address of Curre	nt Register	ed Agent		1			10. Name and Addr	ess of New R	egistered	Agent	
71.05	DENTICE UNIT CORDODATION	u evetek	1		81	Name						
THE PRENTICE-HALL CORPORATION SYST			1,	82 S			Address	ddress (P.O. Box Number is Not Acceptable)				
STE.		•	•									
	AHASSEE FL 32301											
					84	City	_			FL	85 Zip C	Code
44 Dusquant	to the provisions of Sections 607.050	02 and 607	1508 Florida Statut	es the	above	a-named	corpora	tion submits this stat	ement for the	nurpose of	changing its	registered
office or r	existered agent or both in the State	of Florida.	Such change was a	utnonze	a by	the corpo	oration's	s board of directors. I	hereby accep	t the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of, S	ection 607.0505, FIO	riga Şia	iules.							}
SIGNATURE	Signature, typed or printed name of registered age	ent and title if ac	plicable (NOTE	Registere	d Agen	it signature r	required wh	nen reinstating)		DATE		
12.	OFFICERS AI			13				ADDITIONS/CHA	NGES TO OF			RS IN 12
TITLE	) DELETE		1.1	1.1 TITLE		D				XXXChange	☐ Addition	
NAME	CORCORAN, JOHN M			1.21	NAME		COF	RCORAN, JOH	N M.			
STREET ADDRESS	100 GRANDVIEW RD, SUITE 2	07		1.3 3	TREET	ADDRESS	100	GRANDVIEW	ROAD			
CITY-ST-ZIP	BRAINTREE MA			1.4 (	CITY-\$1	T-ZIP	BR/	INTREE, MA	02184			
TITLE	VD □ DELETE		2.1	2.1 TITLE					2	XXXChange	Addition	
NAME	CORCORAN, P. LEO		2.21	2.2 NAME			CORCORAN, P. LEO				ļ	
STREET ADDRESS	100 GRANDVIEW RD			2.3	TREET	ADDRESS	100	GRANDVIEW	ROAD			}
CITY-ST-ZIP	BRAINTREE MA 02184			2.4	CITY-S	T-ZIP	BR/	AINTREE, MA	02184			
TITLE	ST		☐ DELETE	3.1	TTLE						Change	Addition
NAME	MURPHY, LAWRENCE J			3.21	SMAN							
STREET ADDRESS	100 GRANDVIEW RD			333	STREET	ADDRESS	1					1
CITY-ST-ZIP	BRAINTREE MA 02184			3.4.	CITY-S	T-ZIP	<u> </u>					T Addition
TITLE	P		☐ DELETE	41	TITLE						☐ Change	Addition
NAME	HIGH, RICHARD J.			4.2	NAME							. ]
STREET ADDRESS	100 GRANDVIEW ROAD			4.3	STREET	FADDRESS						
CITY-ST-ZIP	BRAINTREE MA 02184		_	4.4 CITY-ST-ZIP		↓				□ Chana:	Addition	
TITLE			☐ DELETE		MLE						☐ Change	
NAME					NAME							
STREET ADDRESS				1		TADDRESS	·					1
CITY-ST-ZIP			□ nc. crc	_	CITY-S	I-ZIP	<del> </del>				☐ Change	Addition
TITLE			☐ DELETE	- 1	TITLE						☐ charige	
NAME					VAME							
				6.3	STREET	TADORESS	1					Į.

14. I hereby certify that the information supplied with this fling 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 of 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 of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP