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

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P17428

(4)

CONTINENTAL WINGATE ASSOCIATES, INC.

APPROVED

1996 APR 30 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OOM	MENTAL WINGATE ADDOOR								
Principal Place	of Business	Mailing Address				***************************************	1811 41911 61911 6161) 418 22 819 21 4 1911	1150
75 CENTRAL STREET BOSTON MA 02109		75 CENTRAL STREET BOSTON MA 02109							
		•				3. Date Incorporated or Qualified	3a. Date of La	•	
						12/29/1987	05/17	<u>//1995</u>	
	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied F	
21		26				04-2517331		Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	······			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Orty & State		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May B Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	ntangible tax unc	ler s 199.032	:,
24	25	29	30			Florida Statutes Yes			
	Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered Agen	t	
					lame ሮ ጥ ሮሌ	rnorstion System			
PRENTIC	CE-HALL CORPORATION SYSTE	EM, INC.		82 S	treet Addres	rporation System_ss (P.O. Box Number is Not Acceptable	e)		
1201 HAYS STREET					1200 S	outh Pine Island Ros	1d		
SUITE 1				83		e i Maria da di	•		
TALLAHASSEE FL 32301					äty		85		
		and CO2 1000. Fleete Clab to	the aba		Planta	tion tion submits this statement for the purp	FL o	33324	d office
or ragistar	ad about for both, in the State of Flori	da. Such change was authorizer	s, the abo d by the o	orpora porpora	tion's mad	TRICIA: A: CANARIO;	intment aş regisi	tered agent. I	am
familiar wit	h, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	ala			CIAL ASSISTANT SECRETARY	4/20	lain	
SIGNATURE	Signature, typed or printed rianic of registered agent	and fills depend only. NOT	Registered	Anno slo		when reinstating:	DATE	rip	برا
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND DIRE	CTORS IN 1	2
TITLE	PD	☐ DELE1E	1. 1 T	ITLE			Chr	ange 🔲 Ado	dition
NAME	SCHUSTER, TODD		1.2 N	AME	1	1 11111)O180	185	1 8
STREET ADDRESS	131 LAUREL RD		1.3 \$	TREET ADE	DRESS	-04/30/	4960109	39015	Ĭ
DITY-ST-ZIP	CHESTNUT HILL MA		1.4 0		ıP.	****200.00 <u>*</u>			
TITLE	VD VD					Change		ange 🔲 Ade	dition
NAME	KANTROWITZ, ELLEN		22 NAME						1
STREET ADDRESS	1299 BEACON STREET		2 3 STREET		DRESS				
CITY-ST-ZIP	NEWTON MA	F7 SC F1C		1TY-ST-7	IP			ange [7] Ad	dition
TITLE	VD	DEFEIE	3.11				☐ Ch	ange [] Au	ORIDIT
NAME	SCHUSTER, GERALD		3.2 N		DDCCC				
STREET ADDRESS	132 YARMOUTH RD			TREET AD	j				
CITY - ST - 2IP	CHESTNUT HILL MA	[] DELETE	4 1 7	TY-SI-Z	<u>ır</u>		☐ Ch	ange [**] Ad	Idilion
NAME	S COOPMAN ICCORY	LI SELVI	4.2 N				Samuel William	٠٠٠ سيو د	
STREET ADDRESS	GOODMAN, JEFFREY 59TH WOODRIDGE WAY			TREET ADI	nerss				.
CITY-ST-7IP	WAYLAND MA			11Y - S1 - Z	1				
TITLE	VO	DELFTE	511				☐ Ch	ange 🔲 Ad	dition
NAME	BERMAN, MICHAEL	-	52 N	AME.					
STREET ADDRESS	16TH HAMMOND CIRCLE		538	TREET AD	DRESS				
CITY-\$1-ZIP	SUDBURY MA		5.4 C	ITY-ST-Z	'IP				
TITLE	TD	☐ DELETE	6 17	IITI.F			☐ Ch	iange 🔲 Ad	Idition
NAME	CALLAHAN, BRIAN E.		6.2 N	AME				ا ر)
STREET ADDRESS	15 HICKORY DRIVE		6.3 S	TREET AD	DRESS			JU	20194
CITY - ST - ZIP	MEDFIELD MA		6.4 0	HY-ST-Z	NP			W	
A A Labe to south	and the state of t	with this films to unlendantly from	shool and	door n	ot avalify fo	r the exemption stated in Section 110	DZCRNA Florida i	statutae I fiud	mor I

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: __

4/26/96

617-574-9000

Daytime Ffrone #