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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P17428** (4)

1. Corporation Name

CONTINENTAL WINGATE ASSOCIATES, INC.

Principal Place of Business

**75 CENTRAL STREET
BOSTON MA 02109**

Mailing Address

**75 CENTRAL STREET
BOSTON MA 02109-3413**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

3. Date Incorporated or Qualified

12/29/1987

3a. Date of Last Report

04/30/1996

4. FEI Number

04-2517331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD SCHUSTER, TODD**

STREET ADDRESS **131 LAUREL RD**

CITY-ST-ZIP **CHESTNUT HILL MA**

TITLE ☐ DELETE

NAME **VD KANTROWITZ, ELLEN**

STREET ADDRESS **1299 BEACON STREET**

CITY-ST-ZIP **NEWTON MA**

TITLE ☐ DELETE

NAME **VD SCHUSTER, GERALD**

STREET ADDRESS **132 YARMOUTH RD**

CITY-ST-ZIP **CHESTNUT HILL MA**

TITLE ☐ DELETE

NAME **S GOODMAN, JEFFREY**

STREET ADDRESS **59TH WOODBRIDGE WAY**

CITY-ST-ZIP **WAYLAND MA**

TITLE ☐ DELETE

NAME **VD BERMAN, MICHAEL**

STREET ADDRESS **16TH HAMMOND CIRCLE**

CITY-ST-ZIP **SUDBURY MA**

TITLE ☐ DELETE

NAME **TD CALLAHAN, BRIAN E**

STREET ADDRESS **15 HICKORY DRIVE**

CITY-ST-ZIP **MEDFIELD MA**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Brian E. Callahan **Brian E. Callahan, Treas.** 4-22-97 617-574-9000

CR2E034 (9/96)