FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000019139

1. Corporation Name
11 HIGH ST., INC.

Principal Place of Business / Mailing Address
11 HIGH ST., INC.
SUFFIELD, CONN. 06078

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-7-94

2. Principal Place of Business
21 11 HIGH ST.
Suite, Apt. #, etc. 22
City & State 23 SUFFIELD, CT 06078
Zip 24 06078 Country 25 USA.

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0474420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
R. WEBSTER
ROYAL PALM MALL
P.O. 1565
MARCO ISLAND, FLA. 33969

10. Name and Address of New Registered Agent
81 Name: GARY HAUSLER
82 Street Address (P.O. Box Number is Not Acceptable): 950 N. COLLIER BLVD.,
83 SUITE # 202
84 City: MARCO ISLAND, FL 85 Zip Code: 34145

11. Pursuant to the provisions of Sections 607.0505 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: _____ DATE: 3/31/98
Signature, type or print the name of the person signing the application. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES./SEC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY BARBIERA	1.2 NAME	
STREET ADDRESS	8 GARDEN PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD, MASS. 02062	1.4 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KATHY INGEGNERI	2.2 NAME	
STREET ADDRESS	154 BERKSHIRE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHWICK, MASS	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/17

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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.

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SIGNATURE: _____ 3-24-98 569-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #