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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P95000083177 (2)

1. Corporation I BRAZILI	Name AN COURT MANAGEMEN	NT, INC.					
Principal Place of	of Business	Mailing Address			i ifibizith get imet beset balle A	Ref #844 48184 isla# two. tvErt real real real	
777 SOUTH FLAGLER DR. SUITE 100 EAST		777 SOUTH FLAGLER DR. SUITE 100 EAST					
w Palm Beac	CH FL 33401	W PALM BEACH FL 3340	1		3. Date Incorporated or Qualifie 10/30/1995	d 3a. Date of Last Report	
2. Principal Place of Business		28. Mailing Address 26. 197 First Avenue			4. FEI Number 65 - 0617295	Applied For Not Applicable	
Strike And theore			26 197 First Avenue Sulle Act # olc			\$8.75 Additional	
Suite Apt. #, etc		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State 28 Needhan, MA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	7:p	Country			for intangible tax under s 199.032,	
24	25		30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New	w Registered Agent	
			81				
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLE DRIVE SUITE 500 EAST			82	Street Add	ress (P.O. Box Number is Not Accep	otable)	
			83	17.7.7	suth Flagler	Drive	
	BEACH FL 33401		L		, <u>.</u>		
• W PALM	DEMORI PL 33401		84	City		FL 85 Zip Code	
11. Pursuant to	a the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes	, the above	L. named corpo	ration submits this statement for the	numose of changing its registered office	
\(\)\ or registere	ed agent, or both, in the State of FP h, and accept the obligations of, Se	orida. Such change was authorized	t by the corp	poration's boa	ard of directors. I hereby accept the a	appointment as registered agent. Lam	
OLONIATI KAT							
	Signature, typed or printed have of registered ag	por and free Lappe as the UE		if signal de to put	ADDITIONS/OFMICES TO	DATE DEFICERS AND DIRECTORS IN 12	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	T-		Change X Addition	
NAME			1.2 NAME		DIPIT Indrew D. Gosman	— . •	
STREET ADDRESS				T ADDRESS 1	97 First Avenue	£`	
CITY-ST-ZIP			1.4 CITY -	1 '	Needham, mA 02/94		
TITLE			2 1 TITLE	D	11/5	Change 🔀 Addition	
NAME			2.2 NAME	۸ ا	michael M Gosman 197 First Avenue		
STREET ADDRESS			2.3 STHEE	T ADDRESS 1			
CITY-ST-ZIF			2 4 CITY-	SI-ZIF N	seedham, MA		
TITLE		[] DELETE	3 1 Tift F		9.5	Change 🔀 Addition	
NAME			3.2 NAME		Richard P. Zermari		
STREET ADDRESS			B .		97 First Avenue		
CITY-ST-7IP	E po str				reed hum, MA	Change Addition	
TITLE						C Griange C Mulanion	
NAME			4.2 NAME	I			
STREET ADDRESS				FF ADDRESS			
CITY-ST-ZIF		DELETE	4 4 City -			Change Addition	
TITLE		[] become	5 2 NAME				
NAME ethert Annhece				ET ADORESS			
STREET ADDRESS CITY+ST+ZIP			54 Cil y	i			
TITLE		☐ DECETE	6 1 TiTLE		2000018	Change Addition	
NAME			6.2 NAMi	.	-05/29/960	ทีกใ <u>จ้า</u> กลิ้ง	
STREET ADDRESS			6.3 STREE	ET ADDRESS	•***200 00 ***200 00	read www	

CITY-ST-ZIP

14. If 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 are an officer or director of the conjunation 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 change I or on an attactor all with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

61) 433-1000

CR2E034 (12/95)