SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 199 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000014013 (2) MORTIMER CORP.

FILED Jul 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
4 WOODLANDS ROAD 4 WOODLANDS ROAD ANDOVER MA 01810 ANDOVER MA 01810				D				
ANDOTEN MA OTOTO			NINDIEN MA DIVID	MINDAEL MY OLOIG			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 3a. Date of Last Report	
							02/07/1996	
2.	2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21			26	26			OH. 3307494 Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22			27	27			Fee Required	
	City & State City & State						Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
_	Zip	Country	Zip	Cour	ntry		This corporation owes or has paid the current year Intangible	
24	<u> </u>	25	29	30			Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
		PRENTICE-HALL CORPORA	TION SYSTEM, INC.		B1	Name		
	1201 HAYS STREET					82 Street Address (P.O. Box Number is Not Acceptable)		
1	SUITE 105							
	TALLAHASSEE FL 32301				83			
				-	84 City		85 Zip Code	
AL D						FL 1000		
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			AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITL	E	D	DELETE	1,1 1)1	LE	•	Change Addition	
NAX	1E	SYMCHYCH, ANNE G		1.2 NA	ME		<u> </u>	
STR	EET ADORESS			1.3 \$10	REET.	ADDRESS	4 Woodland RE	
cm	r-ST-ZIP	ANDOVER MA 01810		1,4 CIT	Y-S	T-ZIP	4 Woodland RE Gendover MA 01810	
TITL			DELETE	2.1 117			☐ Change ☐ Addition	
NAN	4E	2.		2.2 NA	2.2 NAME			
STREET ADDRESS				2.3 ST	REET	ADDRESS		
CITY-ST-ZIP				2. 4 CI	2. 4 CITY - ST - ZI		s ₄	
TITL			☐ DELETE	3.1 1(1	L€		☐ Change ☐ Addition	
NAA	NAME			3.2 NAM				
STA	STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS			
CITY	ITY-ST-ZIP			3.4. CI	3.4. CITY - ST - ZIP			
TITL				4.1 TITLE		Change Addition		
NAM	ne (4. 2 NA	ME			
STR	TREET ADDRESS 4.3		4.3 STI	REET	ADDRESS			
CITY	Y-ST-ZIP 4.4		4.4 CIT	Y-S	T-ZIP			
TITL			DELETE	51 TIT			Change Addition	
NAM	IE			5.2 NA	ME			
	EET ADDRESS					ADDRESS		
	-ST-21P							
TITL					.4 CITY - ST - ZIP		Change Addition	
NAA				6.2 NAME				
	EET ADDRESS	over.				PPEROOA		
CITY-ST-ZIP					6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
- CH)	-31-ZIF,	. *: .		6.4 CH	1-5	1 - ZIP		

14. I do hereby certify that the information supplied with this filling 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.

SIGNORORL IN CHIRL

4/24/m