

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 IT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 02, 1999 8:00 am**  
**Secretary of State**

09-02-1999 90008 038 \*\*\*558.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000095425**

INCORPORATION NAME  
**MYSTIC COUNTRY HOME HOLDINGS, INC.**



Principal Place of Business Mailing Address  
**400 MYSTIC VALLEY PARKWAY**  
**3RD MA 02155** **MEDFORD MA 02155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/21/1996**

4. FEI Number **04-3337541** 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 the current year Intangible Personal Property.  Yes  No

2a. Mailing Address  
**P.O. Box 551540**

26. Suite, Apt. #, etc.

27. City & State  
**Ft. Lauderdale, FLORIDA**

28. City & State  
**Ft. Lauderdale, FLORIDA**

29. Zip **33355-1540** 30. Country **USA**

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name  
**Cynthia J. Starrett**

82. Street Address (P.O. Box Number is Not Acceptable)  
**400 Sawgrass Corporate Pkwy**

83. **Sunrise,**

84. City **Sunrise** 85. Zip Code **FL 33325**

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.

NATURE *Cynthia J. Starrett* **8/24/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS ST-ZIP	PD WOLK, HOWARD L. 20 CHAPEL ST. BROOKLINE MA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>President</b> <b>Kenneth Harthausen</b> <b>400 Sawgrass Corporate Pkwy</b> <b>Sunrise, FL 33325</b>
ST-ADDRESS ST-ZIP	SD WOLK, NATHAN T. 230 ALLENDALE RD. CHESTNUT HILL MA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary</b> <b>Cynthia J. Starrett</b> <b>400 Sawgrass Corporate Pkwy</b> <b>Sunrise FL 33325</b>
ST-ADDRESS ST-ZIP	VD WOLK, JEFFREY 28 MALBOROUGH ST. BOSTON MA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP/D</b> <b>Howard Wolk</b> <b>400 Sawgrass Corporate Pkwy</b> <b>Sunrise, FL 33325</b>
ST-ADDRESS ST-ZIP	TD WOLK, SIDNEY 330 BEACON ST. BOSTON MA	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b> <b>Thomas Graham</b> <b>400 Sawgrass Corporate Pkwy</b> <b>Sunrise, FL 33325</b>
ST-ADDRESS ST-ZIP	AT SCAPICCHIO, STEPHEN 8 NEPTUNE CIRCLE EAST BOSTON MA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Cynthia J. Starrett* **8/24/99** (954) 845-9100

CR2E034 (5/99)