

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

FILED
Jun 03 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 #
1. Corporation Name:
Le Pato Realty Corp

Principal Place of Business: **131 Mossing Drive Braintree, MA 02184**

Mailing Address: **Same**

P9600000104209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/96**

4. FFI Number: **043345702**

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

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
1200 South Pine Island Rd.
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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: _____ (Name) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Martin J DeMatteo Jr.	
STREET ADDRESS	15 Windson Rd.	
CITY- ST- ZIP	Dux MA 02030	
TITLE	clerk/secretary/director	<input checked="" type="checkbox"/> DELETE
NAME	Austin Smith	
STREET ADDRESS	29 George St.	
CITY- ST- ZIP	Medford MA 02155	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Anthony Pogliaculo	
STREET ADDRESS	West Roxbury MA 02132	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John DeMatteo II	
13 STREET ADDRESS	11 Elm St	
14 CITY- ST- ZIP	Wellesley, MA 02181	
21 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Rover Twerago	
23 STREET ADDRESS	185 Melville Drive	
24 CITY- ST- ZIP	Abington MA 02351	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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***150.00

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or those employed 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: *John DeMatteo II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)