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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF COMPORATIONS

OCUMENT #

P97000066809 L

LOSILLIAS, INC.

Mailing Address

ncipal Place of Business

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90008 022 ***550.00

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| SION MA 02110 BOSTON MA 02110 DO NOT WRITE IN THIS SPACE 3. Data Incorporated or Quillifled (8/01/1997 Principal Place of Business Za. Mating Address Za. Suite, Apt. #, etc. Za. Suite, Apt. #, etc. Za. Suite, Apt. #, etc. Za. Country Za. And Address of Suite Address of Suite Address of Suite Address of Current Registered Agent Za. Country Za. Country Za. Country Za. Country Za. And Address of Current Registered Agent Za. Country Za. | 160EHAL 3 | PINEEL | 01-19-02 | | | | | | |
|--|---|---|--------------------------------|----------------|--|-----------------------|---|-------------------|--|
| 3. Date Incorporated or Qualified 8(0)/1/1997 Applied For OR Business 2a. Mailing Address 2a. Mailing | | 2110 | | | | | DO NOT WRITE IN THIS SPACE | | |
| Applied Formorphisms 2a Mailing Address 2a Mailing Address 2a Mailing Address 2a Applied Formorphisms 2a Applied Formorp | | | | | | | 3. Date Incorporated or Qualified | | |
| Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. | | | | | | | 08/01/1997 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | Principal Place of Business 2a. Mailing Addre | | | s | | | 4. FEI Number | Applied For | |
| S. Certificate of Status Desired Fee Required | | | 26 | | | | 04-3383835 | Not Applicable | |
| City & State Country 28 Country 29 Country 29 Country 29 Country 3. This corporation owes the current year intemptible Personal Property. C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 S City C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 S City FL STEER Address (P.O. Box Number is Not Acceptable) S Street Address (P.O. Box Number is Not Acceptable) FL STREET Address (P.O. Box Number is Not Acceptable) D C COUNTRY STREET S STREET ADDRESS 11 STREET ADDRESS 10 FEDERAL STREET 100 FEDERAL | | | | | | | LE Cortificate of Status Decired 1 1 * | 1 | |
| Country Zip Country Zip Sol So | City & State | | | | | | | | |
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Furnant to the provisions of sections 507,0502 and 697,1508. Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. In familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. In familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. In familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-harmed corporation submits the statement for the purpose of changing its registered agent. In familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-harmed corporation submits the statement for the purpose of changing its registered agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with and accept the agent and the fagehouse agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with, and accept the agent and the fagehouse agent. In familiar with and accept the agent and accept the agent agent and the fagehouse agent | Zip | Country | | Country | | | 8. This corporation owes the current year | | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | 25 | 29 | 30 | 30 | | Intangible Personal Property. Yes No | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code Furnament to the provisions of eactions 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, and accept the obligations of, section 607 0505, Florida Statutes. NATURE Signature, vive or printer agent and title if applicable. DO CFICERS AND DIRECTORS 1.1 TITLE DOUGHETT, DENNIS J 1.2 PAMAE 1.3 STREET ADDRESS 1.00 FEDERAL STREET 1.00 FEDERA | ·· | | | | | | 10. Name and Address of New Registered Agent | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiphose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiphose agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE | | | | | 81 | Name | | ! | |
| PLANTATION FL 33324 Bas City FL 85 Zip Code | CT | CORPORATION SYSTEM | | } | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| 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 egent, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE OFFICERS AND DIRECTORS 13. | 1200 | SOUTH PINE ISLAND ROAD | | } | 82. Street Address (P.O. Box Nutriber is Not Acceptable) | | | | |
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| 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, and accept the obligations of section 607.0505. Florida Statutes. NATURE Supmine, hyped or printer name of registered agent and till if applicable. (NOTE: Registered Agent signature required when rematating) DATE | | | | | 04 | Cit. | | Zin Code | |
| Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's doard of directors. Thereby accept the application 607,6055, Florida Statutes agent. I am familiar with, and accept the obligations of, section 607,6055, Florida Statutes agent and accept the obligations of, section 607,6055, Florida Statutes. NATURE Signification, hybed or printed name of registered agent and title if applicable. | | | |) | 54 | City | FL \" | } 24 5005 | |
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| 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 | T-ZIP | BOSTON MA 02110 | | | | | | | |

ndicated 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 n 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 a Block 12 or Block 13 if changed, or on an attachment with an address.

SNATURE:

CR2E034 (5/99)