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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90024 023 \*\*\*158.75

## 1999

STREET ADDRESS

<ol> <li>Corporation</li> </ol>	MEN   # <b>P9800(</b> RTS OF BOSTON, INC.	0024020					
Principal Place of Business Mailing Address							
2 GALLERIA MALL DRIVE 6703 MIDNIGHT PASS ROA			OAD		i.		
TAUNTON MA	02780	APT 209 Sarasota fl 34242			DO NOT WRITE IN THIS SPACE		
		SANASUIA FL 34242			3. Date Incorporated or Qualifed 03/13/1998		
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
	iace of pusitiess	26			58-238-8048	<u> </u>	Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.				\$8.75 Ad	dditional
22	,	27	, ,		5. Certificate of Status Desired	Fee Req	luired
City & Stat	ie	City & State			6. Election Campaign Financing	\$5.00 N	Vlay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current year		
24	25 29 30		30		Personal Property Tax.		No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
MOC	ODE IOUNI		8	1 Name			
MOORE, JOHN L. 200 South Orange Avenue				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236							
SAN	ASOTA FE 34230		8	3	,		1
			8	4 City	-	85 Zip C	ode
					F		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized t	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ag	(NO	TE: Decretored Ar	jent signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.	Jan agracus require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	Resident DELETE		1.1 TITU			Change	Addition
NAME			1.2 NAM	E			
STREET ADDRESS	Francis Wilkins			EET ADDRESS			
CITY-ST-ZIP	TS EAST ST. ABING	ton Ma. 02351		-ST-ZIP			
TITLE	U PEESWENT	DELETE	2.1 TITLE			Change	☐ Addition
NAME	PETER CIEAVES		2.2 NAM	E			
STREET ADDRESS 840 COMMY ST			2.3 STRI	EET ADDRESS			1
CITY-ST-ZIP	Tourton MAD	J780	2.4 CIT	/-ST-ZIP			
TITLE	SECTLES.  Mark Cranfiele DELETE  6703 mjdN19HTPASS Rd. Apt. #209		3.1 TITLE	<u> </u>		Change	☐ Addition }
NAME	mark Crank	- Carabia A	3.2 NAM	Ε			
STREET ADDRESS	6703 midNIAH	THASS KOLL HAPTING	3.3 STRI	ET ADDRESS			
CITY-ST-ZIP	SIAMISOTA, FL.	34242		/-ST-ZIP			
TITLE	DELETE		4.1 TITLE	=		Change	☐ Addition
NAME			4. 2 NAN	Æ			
STREET ADDRESS			4.3 STR	EET ADORESS			ļ
CITY-ST-ZIP			4.4 CITY	- ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition ∫
NAME			5.2 NAM	ļ			
STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Change	☐ Addition
NAME	J		6.2 NAM	J			. ]
**************************************	.]		6.3 STR	EET ADDRESS			

CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP