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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90001 037 \*\*\*150.00

DOCUMENT # S02894

1. Corporation Name

CEK OF LEON COUNTY, INC.

Principal Place of Business

790 BOYLSTON ST  
16F  
BOSTON MA 02199  
US

Mailing Address

P O BOX 411  
SUITE 116  
LYNN FIELD MA 01940  
US

2. Principal Place of Business

21 150 Staniford Street

2a. Mailing Address

26 150 Staniford Street

Suite, Apt. #, etc.

22 Suite 223

Suite, Apt. #, etc.

27 Suite 223

City & State

23 Boston, Ma.

City & State

28 Boston, Ma.

Zip

24 02114

Country

25 USA

Zip

29 02114

Country

30 USA

9. Name and Address of Current Registered Agent

BAUMER, THOMAS M  
ONE ENTERPRISE CENTER, STE. 2000  
225 WATER ST  
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

59-3008584

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 Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THOMPSON, CHARLES M

STREET ADDRESS 790 BOYLSTON STREET, SUITE 16F

CITY-ST-ZIP BOSTON MA

TITLE DVP ☒ DELETE

NAME WACKS, KENNETH

STREET ADDRESS 300 EDGEWATER DR SUITE 116

CITY-ST-ZIP WAKEFIELD MA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 150 Staniford Street, Suite 223

1.4 CITY-ST-ZIP Boston, Ma 02114

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Charles Thompson President 2/18/99 617-367-9525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0545555