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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S25604

Country

(7)

GRAYBORN BUENA VISTA, INC.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4985

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

Zip

Principal Place of Business

100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4985

**FILED** Feb 09 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

<u>01/17/1991</u>

59-3052481

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24	25	29	30			Personal Property Tax due June 30.  Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 81 Name							
1200 SOUTH PINE ISLAND ROAD				82	Street	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324					Oll CCL	Address (1 box Namber is Not Acceptable)	
				83			
					O11-		
				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							
10	Signature, typed or printed name of registered a	·		d Ager	t signature	required when reinstating) DATE	
TITLE	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	V DAMON M	FT DETELE	1.1 TI			☐ Change ☐ Addition	
NAME	LIEVER, DAMON M 100 CHARLES PARK ROAD		1.2 N/				
STREET ADDRESS	WEST ROXBURY MA		1		DDRESS		
CITY-ST-ZIP	PD PD	[ ] ori ere		TY-ST	-ZIP		
TITLE	• •	DELETE	2.1 71			☐ Change ☐ Addition	
NAME	MILLER, CRAIG S		2.2 NA				
STREET ADDRESS	100 CHARLES PARK RD		2.3 \$1	REET A	DDRESS		
CITY-ST-ZIP	WEST ROXBURY MA	Det ere	2. 4 C		- ZIP		
TITLE	VTSD	☐ DELETE	3.1 TN			Change Addition	
NAME	BROWN, ROBERT M		3.2 NA			BREWN ACCOUNTY	
STREET ADDRESS	100 CHARLES PARK RD		3,3 ST	reet a	DDRESS	100 Charles Mississian	
CITY-ST-ZIP	WEST ROXBURY MA		3.4. CI		- ZIP	BABLIN Robert M. 100 Charles Practiced  Dest Rockman, MA  D	
TITLE	VS	DELETE	4.1 111	LE		Change Addition	
NAME	CUNNINGHAM, JOHN O.		4. 2 N		-	Spencen, Acknown D. 100 Charles Pane Read	
STREET ADDRESS	100 CHARLES PARK ROAD		4.3 ST	REET A	DDRESS	100 Charles MARE READ	
CITY-ST-ZIP	WEST ROXBURY MA		4.4 Ci		ZIP	West Konbury, MA	
TITLE		☐ DELETE	5.1 TIT			Change Addition	
NAME			5.2 NA		- 1	Vincent, Rebert M. 1 100 Chiefe Park Road	
STREET ADDRESS			5.3 ST	reet a	DDRESS	180 Chiefes phat 1000	
CITY-ST-ZIP			5.4 CIT		ZIP	West Rosbury, MA	
TITLE		☐ DELETE	6.1 TIT	LE		Change	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	DORESS		
CITY-ST-ZIP			6.4 CIT			-	
14. I hereby certify that the information supplied with this filling 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 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 chapted, or on an attachment with an address.							

(8/647 St. Marca TRE Robert M. District Sevier U. P. - FWANCE 1/2/98 G19-323-9200

Country