

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

FILED

Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S60388 (3)

1. Corporation Name  
MONTVALE CORPORATION



Principal Place of Business: 214 N MAIN ST STE 202 NATICK MA 01760 US  
Mailing Address: 214 N MAIN ST STE 202 NATICK MA 01760-1131 US

3. Date Incorporated or Qualified: 06/18/1991  
3a. Date of Last Report: 02/12/1996  
4. FEI Number: 04-3124254  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: Zip Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. City & State: Zip Country  
22. City & State: 27. City & State  
23. City & State: 28. City & State  
24. Zip: 25. Country: 29. Zip: 30. Country

9. Name and Address of Current Registered Agent  
BLACK, STEVE  
754 N. FLAGLER DR.  
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent  
81 Name: LARRY SCOTT  
82 Street Address (P.O. Box Number is Not Acceptable): 1636-8 N. MAIN STREET  
83 City: JACKSONVILLE, FL 32206  
84 City: JACKSONVILLE, FL 32206  
85 Zip Code: FL

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] LARRY A. SCOTT DATE: 3/4/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
1. TITLE: PD  
2. NAME: DONOVAN, JAMES F.  
3. STREET ADDRESS: 214 N MAIN ST STE 202  
4. CITY-ST-ZIP: NATICK MA  
5. TITLE: [ ] DELETE  
6. NAME: [ ] DELETE  
7. STREET ADDRESS: [ ] DELETE  
8. CITY-ST-ZIP: [ ] DELETE  
9. TITLE: [ ] DELETE  
10. NAME: [ ] DELETE  
11. STREET ADDRESS: [ ] DELETE  
12. CITY-ST-ZIP: [ ] DELETE  
13. TITLE: [ ] DELETE  
14. NAME: [ ] DELETE  
15. STREET ADDRESS: [ ] DELETE  
16. CITY-ST-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME: [ ] Change [ ] Addition  
1.3 STREET ADDRESS: [ ] Change [ ] Addition  
1.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME: [ ] Change [ ] Addition  
2.3 STREET ADDRESS: [ ] Change [ ] Addition  
2.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME: [ ] Change [ ] Addition  
3.3 STREET ADDRESS: [ ] Change [ ] Addition  
3.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME: [ ] Change [ ] Addition  
4.3 STREET ADDRESS: [ ] Change [ ] Addition  
4.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME: [ ] Change [ ] Addition  
5.3 STREET ADDRESS: [ ] Change [ ] Addition  
5.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME: [ ] Change [ ] Addition  
6.3 STREET ADDRESS: [ ] Change [ ] Addition  
6.4 CITY-ST-ZIP: [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: [Signature] DATE: 2/28/97 (508) 655-9703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)