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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55007

(1)

MEDIPLEX CONSTRUCTION OF FLORIDA, INC.

Principal Place of Business Mailing Address				# (08) 0 0 100 0 100 0 0 11 1 BO 11 80 16 80 16 10	PA BARAN BARAN B		
197 FIRST AVENUE NEEDHAM MA 02194	197 FIRST AVENUE NEEDHAM MA 02194-2812						
·				<ol> <li>Date Incorporated or Qualified</li> <li>08/04/1992</li> </ol>	0.41	ate of Last R 01/1996	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			phed For
21	26			65-0351986		No	t Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> / Fee Re	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip Country	Zip	Count	ry	8. This corporation has liability for	r intangible	tax under s	. 199.032,
24 25		30		Florida Statutes	Yes [		
g. Name and Address of Current F	Registered Agent			10. Name and Address of New F	Registered	Agent	
HUNT, THOMAS P.		8	1 Name				
PHILLIPS POINT, SUITE 1000 EAST		8	2 Street	Address (P.O. Box Number is Not Accept	abie)		,
777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33402		8	3				
WEST FALM DENOTITE 33402		L					
		В	4 City		FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of	and 607.1508, Florida Statute:	s, the abo	ve-named	corporation submits this statement for the	purpose of	changing it	s registered
agent, I am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statut	es.	poration's board of birectors, I hereby acc	ept the app	ointment as	registered
SIGNATURE Signature, typed or printed name of registered agent a							
12. OFFICERS AND D		13.	gent signarun	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTOR	0.00
TITLE PD	DELETE	1.1 11116		T ADDITIONS/GHANGES TO OFF	ICENS AINL	Change	Addition
NAME GOSMAN, ABRAHAM D		1.2 NAM	E	Fredorick R. Lewithers			
STREET ADDRESS 15 WALNUT ST		1.3 STRE	E1 ADDRESS	(97 FIRST AVE			
CITY-ST-ZIP WELLESLEY MA		1.4 CITY	ea ain				
TITLE VD		1.4 0171	. 21 - 211	weedhoon nA 02	194		
NAME SHERWIN, JONATHAN S	☐ DELETE	2.1 TITLE		needhow MA 03	194	Change	Addition
STREET ADDRESS 15 WALNUT ST	☐ DELETE			Needhoom MA 07	194	Change	Addition
CITY-ST-ZIP WELLESLEY MA	☐ DELETE	2.1 TITLE 2.2 NAMI 2.3 STRE	L Lt address	Needhoom MA 03	194	Change	Addition
l title .		2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 GITY	CT ADDRESS - ST-ZIP	weedhoon MA 03	194		
I TITLE VD	☐ DELETE	2.1 TIPLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TIPLE	L LT ADDRESS -ST-ZIP	weedhoon MA 03	194	☐ Change	Addition
!! <b></b>		2.1 TIPLE 2.2 NAM 2.3 STRE 2.4 GITY 3.1 TIPLE 3.2 NAM	E E1 Address - S1-7ip	Medheom MA 07	194		
NAME JACOBS, FREDERIC H		2.1 TIPLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TIPLE 3.2 NAMI 3.3 STRE	E T ADDRESS - ST - ZIP	Needhoom MA 03	194		
NAME JACOBS, FREDERIC H STREET ADDRESS 15 WALNUT ST		2.1 TIPLE 2.2 NAM 2.3 STRE 2.4 GITY 3.1 TIPLE 3.2 NAM	E T ADDRESS - ST-ZIP  E T ADDRESS - ST-ZIP	weedhoon MA 03	194		
NAME JACOBS, FREDERIC H STREET ADDRESS CITY-ST-ZIP  JACOBS, FREDERIC H 15 WALNUT ST WELLESLEY MA	DELETE	2.1 TIPLE 2.2 NAMI 2.3 STRE 2.4 GITY 3.1 TIPLE 3.2 NAMI 3.3 STRE 3.4 CITY	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	weedhoon MA 03	2194	☐ Change	Addition
NAME JACOBS, FREDERIC H STREET ADDRESS CITY-ST-ZIP WELLESLEY MA TITLE V NAME KANE, DANIEL J STREET ADDRESS 15 WALNUT ST	DELETE	2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	weedhoon MA 03	2194	☐ Change	Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cityroud, of an an attachment with an address.

SIGNATURE: