PROFIT CORPORATION ANNUAL REPORT		NG FEE AFT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				FILED Jan 29 1998 8:00am			
	1998		Secretary of State DIVISION OF CORPORATIONS			NS	Secretary of State			
1. Corporation	MENT # \ on Name ENTERPRISES,	/73368	(5)					ry or s	, tute	
Principal Place of Business Mailing Address						, ,	I JUTIL QUIDIL EDUOU XIIBO IIIIIA BILDAI	1811 B1811 B1811 B1811 B1	! #	
431 LEWIS WHARF BOSTON MA 02110 BOSTON MA 02110							DO NOT WRIT	E IN THIS SPACE		
							 Date Incorporated or Qualified 10/22/1992 	•		
<u> </u>	Place of Business	<u>-</u>	2a. Mailing Address				4. FEI Number		Applied For	
21 431 Lewis Wharf 26 Suite, Apt. #, etc.			se 431 Lewis Wharf Suite, Apt. #, etc.				04-3169843	eo :	Not Applicable	
22		2	7				5. Certificate of Status Desired		75 Additional e Required	
City & Sta Bos Zip	te ton, MA		City & State 8 Boston, M. Zip		untrv		6. Election Campaign Financing Trust Fund Contribution	□ Add	00 May Be ied to Fees	
021		SA 2	9 02110	30	USA		This corporation owes or has p Personal Property Tax due June Name and Address of New Re	e 30. XX Yes	r Intangible No	
С	T CORPORATION S		gistered Agetit		81 1	Name	TO. Name and Address of New Ro	egistered Agent		
1200 S PINE ISLAND RD 82 Stre						Street Addr	dress (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33324	4			83					
						Olf		1221	71-0-1	
						City		FL !	Zip Code	
office or agent. I a	to the provisions of Sei registered agent, or bot am familiar with, and ac	ctions 607.0502 and th, in the State of Fl cept the obligations	i 607.1508, Florida Sta orlda. Such change wa of, Section 607.0505,	tutes, the a is authorize Florida Sta	ibove-ned by the tutes.	amed corp ie corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changir pt the appointmen	ng its registered t as registered	
SIGNATURE	Signature, typed or printed near	ne of registered agent and	title if applicable. (N	OTE. Registere	od Agent s	signature require	ed when reinstating)	DATE		
12.	l D	OFFICERS AND DIF	RECTORS DELETE	13.	171.6		ADDITIONS/CHANGES TO OFFI			
NAME	-	BENTAS, LILY H			1.1 TITLE 1.2 NAME			Char	ige ∐ Addition { €	
STREET ADORESS	431 LEWIS WHA	RF			TREET ADI	DRESS			8	
CITY-ST-ZIP	BOSTON MA 02	110	00,000		ITY-ST-Z	IP .				
TITLE NAME			∐ DELETE	2.1 Tí 2.2 N		ĺ		L. Chan	ge 🔲 Addition C	
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NAME STREET ADDRESS				4.2N	iame Treet add	naces i				
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STREET ADDRESS CITY-ST-ZIP				- 1	ireet add Ty-st- <i>z</i> i	1				
TITLE			☐ DELETE	5.4 Ci 6.1 Til				☐ Chan	ge Addition	
NAME				6.2 NA	AME				-	
STREET ADORESS					TREET ADD					
14. i hereby c	certify that the information	on supplied with thi	s filing does not qualify	6.4 CI for the exe	TY-ST-ZI emption	n stated in S	Section 119.07(3)(i). Florida Statutes. I	further certify that	the information	
indicated officer or Block 12 (on this annual report of director of the corporat or Block 13 if changed,	r supplemental anni ion or the receiver of or on an attachme	ual report is true and a or trustee empowered to it with an address.	ccurate and o execute t	d that n this rep	ny signatur ort as requ	Section 119.07(3)(i), Florida Statutes. I e shall have the same legal effect as i ired by Chapter 607, Florida Statutes;	made under oath; and that my name	that I am an appears in	

ELLily H. Bentas

SIGNATURE:

1/20/98