

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832706 (6)
 1. Corporation Name
CROSS COUNTRY MOTOR CLUB, INC.



Principal Place of Business 4040 MYSTIC VALLEY PARKWAY MEDFORD MA 02155	Mailing Address 4040 MYSTIC VALLEY PARKWAY MEDFORD MA 02155-6818
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 06/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 04-2530679		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLK, SIDNEY	1.2 NAME	
STREET ADDRESS	7 AUGUSTUS RD.	1.3 STREET ADDRESS	330 BEACON ST
CITY - ST - ZIP	LEXINGTON MA	1.4 CITY - ST - ZIP	BOSTON, MA 02116
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLK, NATHAN	2.2 NAME	
STREET ADDRESS	47 WALLIS RD.	2.3 STREET ADDRESS	230 ALLEYDALE RD
CITY - ST - ZIP	BROOKLINE MA	2.4 CITY - ST - ZIP	CHESTNUT HILL, MA 02167
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAPICCHIO, STEPHEN	3.2 NAME	
STREET ADDRESS	8 NEPTUNE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	E. BOSTON MA	3.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, RICHARD	4.2 NAME	
STREET ADDRESS	95 LORING RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTHROP MA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	V/D HOWARD L. WOLK
STREET ADDRESS		5.3 STREET ADDRESS	20 CHAPEL ST
CITY - ST - ZIP		5.4 CITY - ST - ZIP	BROOKLINE, MA 02146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V/D JEFFREY C. WOLK
STREET ADDRESS		6.3 STREET ADDRESS	28 MARLBOROUGH ST
CITY - ST - ZIP		6.4 CITY - ST - ZIP	BOSTON, MA 02116

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), 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: STEPHEN SCAPICCHIO DATE: 4/6/97 (617) 393-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)