

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000606 (3)

1. Corporation Name
BOSTON FINANCIAL & EQUITY CORPORATION



Principal Place of Business 20 OVERLAND STREET BOSTON MA 02215 US	Mailing Address P.O. BOX 15071 KENMORE STATION BOSTON MA 02215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/08/1994	
4. FEI Number 04-2434157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address, P.O. Box Number (if not a street address)
 83 City
 84 Zip

[Handwritten signature and address: J. B. ... 103 ... ROAD ... 32305]

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	MONOSSON, ADOLF F
STREET ADDRESS	85 BALDPATE HILL RD.
CITY - ST - ZIP	NEWTON CENTRE MA 02159
TITLE	S <input type="checkbox"/> DELETE
NAME	MANELLO, JOSEPH
STREET ADDRESS	285 FRANKLIN ST.
CITY - ST - ZIP	BOSTON MA 02110
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

14. I 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: *J. B. ...* 3/6/98

CR2E034 (10/97)

CERTIFICATION OF TITLES


I, the undersigned, HEREBY CERTIFY to The First National Bank of Boston that the present Title Holders of BOSTON FINANCIAL & EQUITY CORPORATION

duly elected or appointed to hold office until their respective successors are chosen, and empowered to act for and on its behalf in any of its business with the said Bank within the authority prescribed in the resolutions heretofore certified to the said Bank, are

NAME	TITLE
ADOLF F. MONOSSON	PRESIDENT
ADOLF F. MONOSSON	TREASURER
JAMES L. BEAUREGARD	EXECUTIVE VICE PRESIDENT
DEBORAH J. MONOSSON	SENIOR VICE PRESIDENT AND CLERK
DAVID W. BOYAJIAN	CONTROLLER
H. THOMAS CARTER	VICE PRESIDENT
RUTH D. COHEN	ASSISTANT CLERK
GARRETT MIZIOCH	ASSISTANT CONTROLLER

IN WITNESS WHEREOF, I have hereunto set my hand and affixed its Seal
this 1st day of April 1998

[SEAL]


Secretary/Clerk

CONFIRMED: 
Title President

This certificate must be signed by the secretary or clerk. If such secretary or clerk is authorized to act alone by any previously certified resolution, this certificate must also be confirmed by another officer of the corporation.