SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

		Mailing Address 101 TREMONT ST. BOSTON MA 02108		DO NOT WRITE	
				3. Date Incorporated or Qualified	IN THIS SPACE
				02/25/1994	
2. Principal Place of Business		2a. Mailing Address	*	4. FEI Number	Applied For
21		26		04-3106539	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid Personal Property Tax due June :	
	9. Name and Address of Curre	nt Registored Agent		10. Name and Address of New Reg	
	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND RD.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		83		·
			63		
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or posited name of registered age	ent and the If applicable (A	IOTICA Statuties.		DATE
12.	PTD OFFICERS A	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME	RAWN, WILLIAM L III	[] DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	233 COMMONWEALTH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02116		1.4 CITY-ST-ZIP		
TITLE	8	DELETE	21 TITLE		Change Addition
NAME	COWDEN, ROBERT E III	[Dict it	2.2 NAME		Change Addition
STREET ADDRESS	21 WATERSTON RD.		2.9 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA 02158		2.4 CITY-ST-ZIP		≠ *
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		* * * <u>* * * *</u>	3.4 C(TY-ST-Z)P		
TITLE		[] DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		f 1	4.4 C(TY-ST-Z#P		
TITLE		[] DELETE	5.1 TITLE		L Change L Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-S1-ZIP			5.3 STREFT ADDRESS		
TITLE		[] here as	5.4 CHY-ST-ZIP 6.1 TITLE		
NAME		L. J DELETE	6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
	1		B 0.0 0 ITE C 1 ADDITE 00		

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 apraidness. 7/70/08 / 17/107

6.4 CITY-ST-ZIP

CITY-ST-ZIP