

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 95000001563

1. Corporation Name
DTR Boston Heights, Inc.

Principal Place of Business Mailing Address
410 North 44th Street, Suite 700
Phoenix, AZ 85008

3. Date Incorporated or Qualified **March 31, 1995** 3a. Date of Last Report
4. FEI Number **86-0803673** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 South 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 **FL** 85 Zip Code

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 of Registered Agent (Print Name and Title) Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
Director/President	Richard M. Kelleher 410 North 44th St., Suite 700 Phoenix, AZ 85008	1. TITLE	2. NAME
Director/VP/Treas	David A. Heuck 410 North 44th St., Suite 700 Phoenix, AZ 85008	2. TITLE	2. NAME
Director/Secretary	Sandra L. Ravel 410 North 44th St., Suite 700 Phoenix, AZ 85008	3. TITLE	3. NAME
		4. TITLE	4. NAME
		5. TITLE	5. NAME
		6. TITLE	6. NAME

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Ravel 4/1/96 (602)220-6779
Day

CR2E034 (12/95)