

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001563 (4)
 1. Corporation Name
DTR BOSTON HEIGHTS, INC.



Principal Place of Business 410 NORTH 44TH STREET SUITE 700 PHOENIX AZ 85008	Mailing Address 410 NORTH 44TH STREET SUITE 700 PHOENIX AZ 85008
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 755 Crossover Lane Suite, Apt. #, etc. 22 City & State 23 Memphis, TN Zip Country 24 38117-4900 25 Shelby	2a. Mailing Address 26 755 Crossover Lane Suite, Apt. #, etc. 27 City & State 28 Memphis, TN Zip Country 29 38117-4900 30 Shelby
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3. Date Incorporated or Qualified 03/31/1995
4. FEI Number 86-0803673
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

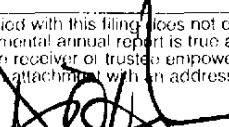
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLEHER, RICHARD M	
STREET ADDRESS	410 NORTH 44TH STREET SUITE 700	
CITY-ST-ZIP	PHOENIX AZ 85008	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEUCK, DAVID A	
STREET ADDRESS	410 NORTH 44TH STREET SUITE 700	
CITY-ST-ZIP	PHOENIX AZ 85008	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BEVERLY S	
STREET ADDRESS	410 NORTH 44TH STREET SUITE 700	
CITY-ST-ZIP	PHOENIX AZ 85008	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	755 Crossover Lane
1.4 CITY-ST-ZIP	Memphis, TN 38117-4900
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:  **David A. Heuck** April 2 1998 (602)220-6666

CR2E034 (10/97)