

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90148 024 ***150.00

DOCUMENT # P16873

1. Corporation Name
E. VERNER JOHNSON AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

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	
4 25		30	
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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JOHNSON, ERNST V	1.2 NAME	
STREET ADDRESS	8 BAY STATE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	1.4 CITY-ST-ZIP	
TITLE	AVD	2.1 TITLE	
NAME	ADLER, GEORGE	2.2 NAME	
STREET ADDRESS	95 BAY STATE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON MA	2.4 CITY-ST-ZIP	
TITLE	TVD	3.1 TITLE	
NAME	HORGAN, JOANNE C.	3.2 NAME	
STREET ADDRESS	97 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TISBURY MA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	SIRIANNI, LOUIS	4.2 NAME	
STREET ADDRESS	150 GARDNER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/21/99

Date

(617) 4376262

Daytime Phone #

CR2E034 (11/98)