

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P36955 (3)
 1. Corporation Name
PERRY, DEAN, ROGERS & PARTNERS, ARCHITECTS INC.



Principal Place of Business
177 MILK ST. BOSTON MA 02109

Mailing Address
177 MILK ST. BOSTON MA 02109

3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **08/10/1995**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number **04-2551909** 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

9. Name and Address of Current Registered Agent
**DYER, DENNIS M.
 1361 S. OCEAN BLVD., #101
 POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
 81 Name **Dennis M. Dyer**
 82 Street Address (P.O. Box Number is Not Acceptable) **915 Middle River Dr #305**
 83
 84 City **Ft. Lauderdale FL** 85 Zip Code **33304**

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]* **Dennis M. Dyer 7/9/96**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROGERS, CHARLES F., II, AIA	
STREET ADDRESS	11 FRIEND ST.	
CITY-ST-ZIP	GLOUCESTER MA 01930	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCGUIRE, FRANCIS D., JR. AIA	
STREET ADDRESS	61 PINCKNEY ST.	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOOTE, STEVEN M., AIA	
STREET ADDRESS	46 OLD FARM RD.	
CITY-ST-ZIP	DEDHAM MA 02026	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RINGENBACH, PETER A. AIA	
STREET ADDRESS	111 RIVER ROAD	
CITY-ST-ZIP	WEST NEWBURY MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, S. DELL, AIA	
STREET ADDRESS	20 COMMONWEALTH AVE.	
CITY-ST-ZIP	BOSTON MA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PILGREEN, MARTHA A	
STREET ADDRESS	18 MILFORD ST	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JULY 196 617 4230100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)