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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 02109-3404
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3. Date Incorporated or Qualified 12/31/1991	3a. Date of Last Report 07/17/1996
4. FEI Number 04-2551909	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
DYER, DENNIS M
915 MIDDLE RIVER DR
#305
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name
Marco Di Renzo
82 Street Address (P.O. Box Number is Not Acceptable)
915 Middle River Drive
83
#305
84
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: **MARCO DI RENZO** *Marco Di Renzo* **14 March 97**
Signature, full and printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CD	<input type="checkbox"/>
NAME	ROGERS, CHARLES F., II, AIA	
STREET ADDRESS	11 FRIEND ST.	
CITY - ST - ZIP	GLOUCESTER MA 01930	
TITLE	DS	<input type="checkbox"/>
NAME	MCGUIRE, FRANCIS D., JR. AIA	
STREET ADDRESS	61 PINCKNEY ST.	
CITY - ST - ZIP	BOSTON MA 02114	
TITLE	PD	<input type="checkbox"/>
NAME	FOOTE, STEVEN M., AIA	
STREET ADDRESS	48 OLD FARM RD.	
CITY - ST - ZIP	DEDHAM MA 02026	
TITLE	V	<input type="checkbox"/>
NAME	RINGENBACH, PETER A. AIA	
STREET ADDRESS	111 RIVER ROAD	
CITY - ST - ZIP	WEST NEWBURY MA	
TITLE	DV	<input type="checkbox"/>
NAME	PILGREEN, MARTHA A	
STREET ADDRESS	16 MILFORD ST	
CITY - ST - ZIP	BOSTON MA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *Charles F. Rogers II* **CHARLES F. ROGERS II** **3-18-97 (617) 4230180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year Phone # 0000000

CR2E034 (9/96)