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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000070637 (0)

1. Corporation Name
6401 SOUTH BOSTON STREET INC.



Principal Place of Business: C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE FL 32308
Mailing Address: C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE FL 32308-7703

3. Date Incorporated or Qualified: 09/13/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 36-4046179
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 [X] No

2. Principal Place of Business: 21 1801 Hermitage Blvd. Suite Apt. #, etc.: Suite 100 City & State: Tallahassee, FL Zip: 32308 Country: US
2b. Mailing Address: 26 1801 Hermitage Blvd. Suite Apt. #, etc.: Suite 100 City & State: Tallahassee, FL Zip: 32308 Country: US

9. Name and Address of Current Registered Agent: SCHOW, HORACE II 1801 HERMITAGE BLVD TALLAHASSEE FL 32308
10. Name and Address of New Registered Agent: 81 Name: David E. Todd 82 Street Address (P.O. Box Number is Not Acceptable): 1801 Hermitage Blvd. Suite 100 83 City: Tallahassee FL 85 Zip Code: 32308

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: David E. Todd David E. Todd, Assistant General Counsel 1-22-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BENNETT, DOUGLAS W	1.1 TITLE:	
STREET ADDRESS: 1801 HERMITAGE BLVD	CITY, ST, ZIP: TALLAHASSEE FL 32308	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: D	NAME: MILLER, TODD A	2.1 TITLE:	
STREET ADDRESS: 1801 HERMITAGE BLVD	CITY, ST, ZIP: TALLAHASSEE FL 32308	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VAS	NAME: BURDI, THOMAS	3.1 TITLE:	
STREET ADDRESS: 180 N. LASALLE STRET	CITY, ST, ZIP: CHICAGO IL 60601	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: VS	NAME: NOELL, JOHN W	4.1 TITLE:	
STREET ADDRESS: 180 N. LASALLE STREET	CITY, ST, ZIP: CHICAGO IL 60601	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VTS	NAME: SMITH, ROGER E	5.1 TITLE:	
STREET ADDRESS: 180 N. LASALLE STREET	CITY, ST, ZIP: CHICAGO IL 60601	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: P	NAME: EDELMAN, HOWARD J	6.1 TITLE:	
STREET ADDRESS: 180 N. LASALLE STREET	CITY, ST, ZIP: CHICAGO IL 60601	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: Douglas W. Bennett, Director 2-3-97 DATE

CR2E034 (9/96)