

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

0652490

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000070637

1. Corporation Name
6401 SOUTH BOSTON STREET INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US	1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

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
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TODD, DAVID E
 4801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE FL 32308**

81. Name	
82. Street Address (P.O. Box No.)	60002840295--1
83. City	-04/15/99 --01077--007
	****150.00 ****150.00
84. Zip Code	FL 85

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1995

4. FEI Number
36-4046179

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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 fee if applicable (NOTE: Registered Agent signature required if fee is not paid)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JEFFREY L.	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER A.	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	NOELL, JOHN W	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	James W. Horton	
13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
14 CITY-ST-ZIP	Tallahassee, FL 32308	
21 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Thomas D. McCarthy	
23 STREET ADDRESS	180 North LaSalle Street	
24 CITY-ST-ZIP	Chicago, IL 60601	
31 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Luanne K. Good	
33 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
34 CITY-ST-ZIP	Tallahassee, FL 32308	
41 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Karen Kurnick	
43 STREET ADDRESS	180 North LaSalle Street	
44 CITY-ST-ZIP	Chicago, IL 60601	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, with all other like empowered

SIGNATURE: Douglas W. Bennett, Director

B 4/13/99 99AR

850-488-4406

CR2E034 (1/198)