

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:38

DOCUMENT # **599382** (9)
1. Corporation Name
SOUTH SHORE DEVELOPERS, INC.

Principal Place of Business Mailing Address
C/O THE FIRST BOSTON CORPORATION **C/O THE FIRST BOSTON CORPORATION**
5 WORLD TRADE CENTER **5 WORLD TRADE CENTER**
NEW YORK NY 10048 **NEW YORK NY 10048**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/19/1979** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1887589** 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

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 25 29 30

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MCAULIFFE, PAUL J
STREET ADDRESS	PARK AVENUE PLAZA
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	S
NAME	ROELOF, JAY I
STREET ADDRESS	PARK AVE. PLAZA
CITY-ST-ZIP	NEW YORK NY 10048
TITLE	T
NAME	MANNO DIANE
STREET ADDRESS	5 WORLD TRADE CENTER
CITY-ST-ZIP	NEW YORK NY 10048
TITLE	D
NAME	SEGNER, GERALD
STREET ADDRESS	8 GATEWAY CENTER
CITY-ST-ZIP	PITTSBURGH PA 15222
TITLE	VD
NAME	DUB, ANTHONY V
STREET ADDRESS	PARK AVE. PLAZA
CITY-ST-ZIP	NEW YORK NY 10055
TITLE	D
NAME	LOHSEN, KENNETH
STREET ADDRESS	5 WORLD TRADE CENTER
CITY-ST-ZIP	NEW YORK NY 10040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lattin, A. Floyd
1.3 STREET ADDRESS	Park Avenue Plaza
1.4 CITY-ST-ZIP	New York, NY 10055
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Russo, Lori M.
2.3 STREET ADDRESS	12 East 49th St.
2.4 CITY-ST-ZIP	New York, NY 10017
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Raziano, Robert M.
5.3 STREET ADDRESS	Park Avenue Plaza
5.4 CITY-ST-ZIP	New York, NY 10055
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(h), 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 of this report or in an attachment with an address.

SIGNATURE: Kenneth Lohsen 1/17/95 212-322-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR