

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified <b>01/19/1979</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>59-1887589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	<b>FL</b>

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: \_\_\_\_\_ (Type or print name of registered agent and the applicable (b)(1) Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATTIN, A. FLOYD</b>	1.2 NAME	
STREET ADDRESS	<b>PARK AVENUE PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, LORI M.</b>	2.2 NAME	
STREET ADDRESS	<b>12 EAST 49TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNO DIANE</b>	3.2 NAME	
STREET ADDRESS	<b>5 WORLD TRADE CENTER</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10048</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGNER, GERALD</b>	4.2 NAME	
STREET ADDRESS	<b>6 GATEWAY CENTER</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAZIANO, ROBERT M.</b>	5.2 NAME	
STREET ADDRESS	<b>PARK AVENUE PLAZA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOHSEN, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>5 WORLD TRADE CENTER</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10040</b>	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 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, 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 (b)(1) hereof, or on an attachment with an address.

SIGNATURE: *Kenneth Lohsen* Kenneth Lohsen 1/25/96 212-322-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)