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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 10048-0205**

3. Date Incorporated or Qualified
01/19/1979

3a. Date of Last Report
01/30/1996

2. Principal Place of Business
 21 **c/o Credit Suisse First Boston**
 Suite, Apt. #, etc.

22 **11 Madison Avenue**
 City & State

23 **New York, NY**
 Zip

24 **10010** Country

25

2a. Mailing Address
 26 **c/o Credit Suisse First Boston**
 Suite Apt. #, etc.

27 **5 World Trade Center**
 City & State

28 **New York, NY**
 Zip

29 **10048** Country

30

4. FEI Number
50-1887589

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

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

85 Zip Code

FL

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 type of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P LATTIN, A. FLOYD**

STREET ADDRESS **PARK AVENUE PLAZA**

CITY- ST- ZIP **NEW YORK NY**

TITLE DELETE

NAME **S RUSSO, LORI M.**

STREET ADDRESS **12 EAST 49TH STREET**

CITY- ST- ZIP **NEW YORK NY**

TITLE DELETE

NAME **T MANNO DIANE**

STREET ADDRESS **5 WORLD TRADE CENTER**

CITY- ST- ZIP **NEW YORK NY 10048**

TITLE DELETE

NAME **D SEGNER, GERALD**

STREET ADDRESS **6 GATEWAY CENTER**

CITY- ST- ZIP **PITTSBURGH PA 15222**

TITLE DELETE

NAME **D LOHSEN, KENNETH**

STREET ADDRESS **5 WORLD TRADE CENTER**

CITY- ST- ZIP **NEW YORK NY 10040**

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **11 Madison Avenue**

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME **DOT**

5.3 STREET ADDRESS **Thomas A. DeGennaro**

5.4 CITY- ST- ZIP

6.1 TITLE Change 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 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: _____ **Thomas A. DeGennaro** 1/19/97 212-822-1994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

January 9, 1997

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Taxpayer: SOUTH SHORE DEVELOPERS, INC.
ID Number: 59-1887589
Return/Tax Year: 1997 Profit Corporation Annual Report
Form: 599382
Due Date: May 1, 1997
Payment Enclosed: \$165.00

Dear Sir or Madam:

Enclosed is the above captioned tax return.

Please acknowledge receipt of the above by signing and returning the copy of this letter in the enclosed, self-addressed envelope.

Very truly yours,



Olga R. Taboada
Vice President

ORT/dt

Enc.