

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 581290 (4)  
1. Corporation Name  
PLYMOUTH, INC.

Principal Place of Business  
2720 CORAL WAY, 3RD FLOOR  
MIAMI FL 33145-0678  
US

Mailing Address  
75 STATE STREET  
MABOF31B  
BOSTON MA 02106-2197  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 75 State Street		08/04/1978	
22 City & State		27 MA/BO/F10C		4. FEI Number	
23 Zip		28 Boston, MA		59-1877135	
24 Country		29 02148		Applied For	
		30 U.S		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 owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	XX Change
NAME	BREITMAN, LEO R.	1.2 NAME	
STREET ADDRESS	75 STATE ST., MABOF29A	1.3 STREET ADDRESS	One Federal Street, MA/OF/D37A
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	Boston, MA 02110
TITLE	P	2.1 TITLE	XX Change
NAME	WITKIN, KENNETH	2.2 NAME	
STREET ADDRESS	75 STATE ST MABOF29A	2.3 STREET ADDRESS	One Federal Street, MA/OF/D37A
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Boston, MA 02110
TITLE	T	3.1 TITLE	XX Change
NAME	GIRO, DE ROSA	3.2 NAME	
STREET ADDRESS	75 STATE ST., MABOF10C	3.3 STREET ADDRESS	111 Westminster Street, RI/MO/M10B
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	Providence, RI 02903
TITLE	S	4.1 TITLE	XX Change
NAME	BIZAR, AMY W	4.2 NAME	
STREET ADDRESS	75 STATE ST., MABOF31D	4.3 STREET ADDRESS	75 State Street, MA/BO/F10C
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Boston, MA 02109
TITLE	AS	5.1 TITLE	D
NAME	FRANCIS, M. REBECCA	5.2 NAME	William C. Mutterperl
STREET ADDRESS	111 WESTMINSTER ST.	5.3 STREET ADDRESS	One Federal Street, MA/OF/D36A
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	Boston, MA 02110
TITLE		6.1 TITLE	D
NAME		6.2 NAME	H. Jay Sarles
STREET ADDRESS		6.3 STREET ADDRESS	One Federal Street, MA/OF/D36B
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boston, MA 02110

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)