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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 845781

(4)

BOSTON'S, INC.

Principal Pl	ace of	Business
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40 8.QCEAN BLVD.

Mailing Address

40 S.OCEAN BLVD.

FILED Jun 05 1997 8:00am Secretary of State



DECHAY BEAU	WI LF 33403	DELKAT BEACH FL 334	63-03JZ						
						3. Date Incorporated or Qualified 04/18/1980		le of La)7/199	st Report 16
	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For
21 Cuite Ant	# ala	26				04-2681646			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	<u> </u>		00 May 8e led to Fees
Zip	Country	Zip	Cou	intry	,	8. This corporation has liability for i			
24	25	29	30				Yes [J. 100.00E,
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
BRI	GHT, J. REEVE			81	Name				
	NE 4TH AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptab	lo)		•
	E. ATLANTIC AVENUE, SUITE	F400							
DEL	RAY BEACH FL 33483			83					
				84	City			85 2	ip Code
11 Burniant	to the provisions of Continue COV OFF	00 and 007 4000 Finish City					FL	بللب	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	oz and 607, 1506, Florida Stati e of Florida. Such change was gations of, Section 607,0505, F	uies, the a s authorize Florida Stal	nov∈ d by tutes	e-named corp the corporat s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of t the appo	changir pintment	ig its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	OTE: Registere	d Age	nt signature requir	red when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREÇT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 T)	TLE				Chan	ge Addition
NAME	KENNEY,ROBERT J.		1.2 N	AME					
STREET ADDRESS	68 ALBANY STREET		1.3 ST	TAEET	ADDRESS				
CITY-ST-ZIP	WORCESTER MA	□ poerre		TY-S	T-ZIP				
TITLE	TD Masterson, Felix	☐ DELETE	2 1 Ti					Chan	ge L Addition
NAME OTRECT ADDRESS	196 JUNE STREET		2.2 N						
STREET ADDRESS	WORCESTER MA				ADDRESS				
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 D		51 - ZIP			Chan	ge Addition
NAME	DONFRANCISCO, PETER		3.2 N						geNuonion
STREET ADDRESS	40 S. OCEAN BLVD.				ADDRESS				
CITY-ST-2IP	DELRAY BCH. FL				il-ZIP				
TITLE		DELFTE	4.1 Ti					Chan	ge Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CI	TY-\$1	T - 7IP				
TITLE		☐ DELETE	5.1 11					Chan	ge 🔲 Addilion
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		[] DELETE	5.4 CI		T- ZIP	·		7 2:	
TITLE		☐ DELETE	6.1 TI					Chan	ge
NAME OTDEET ADDRESS			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI	1Y-S1	1-Z(P 1				

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.

I - OCHONGWALL OF CHURST