

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852881 (2)
 1. Corporation Name
JUNG/BRANNEN ASSOCIATES, INC.



Principal Place of Business 177 MILK STREET BOSTON MA 02109-3404	Mailing Address 177 MILK STREET BOSTON MA 02109-3404
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3. Date Incorporated or Qualified 05/18/1982	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 34 Farnsworth Street	2a. Mailing Address 26 34 Farnsworth Street
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4. FEI Number 04-2435299	Applied For Not Applicable
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Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

City & State 23 Boston, MA 02210	City & State 28 Boston, MA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

Zip 24 02210	Country 25	Zip 29 02210	Country 30
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

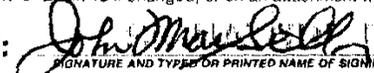
12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HSIUNG, ROBERT Y C
STREET ADDRESS	95 WARREN ST
CITY-ST-ZIP	NEWTON CENTER, MASS00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	BRANNEN, ROBERT
STREET ADDRESS	BAKER BRIDGE RD
CITY-ST-ZIP	LINCOLN, MASS 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	PENDLEBURY, DUNCAN
STREET ADDRESS	320 E. SHORE ROAD
CITY-ST-ZIP	JAMESTOWN RI
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SILVEIRA, JOSE
STREET ADDRESS	31 DUDLEY ST
CITY-ST-ZIP	NORTH ANDOVER MA
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JUNG, YU SING
STREET ADDRESS	21 BENVENUE ST
CITY-ST-ZIP	WELLESLEY, MASS 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MAMYEK, JOSEPH
STREET ADDRESS	30 TRENTON STREET
CITY-ST-ZIP	MELROSE MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clerk/Secretary
4.3 STREET ADDRESS	John F. MacGillivray
4.4 CITY-ST-ZIP	7 Radcliffe Terrace Halifax, MA 02338
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Mart Ojamaa
5.4 CITY-ST-ZIP	11 Swan Avenue Lexington, MA 02173
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 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:  **John F. MacGillivray, Clerk**, 3/15/97 617-482-2299
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000067

CR2E034 (9/96)