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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F93000001028 (0) **BRF CORPORATION OF MASSACHUSETTS**

FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 470 ATLANTIC AVENUE 470 ATLANTIC AVENUE BOSTON MA 02210 BOSTON MA 02210-2208									
					·	3. Date incorporated or Qualified 02/24/1993		e of Last 1/1996	•
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 04-2985681	-1		Applied For Not Applicable
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	, and a second		
Zip Country 25		Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	g. Name and Address of Curre		1001	T		10. Name and Address of New Re			·····
THE	E PRENTICE-HALL CORPORATION	ON SYSTEM INC.		81	Name				,
1201 HAYS STREET SUITE 105				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32301			83					
				84	City		FL	85 Zi	p Code
agent I SIGNATURE	am familiar with, and accept the oblessing and special section of the special sec					uired when reinsteing) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	ORS IN 12
TILE	D	DELETE		1.1 TITLE				Change	
NAME	KRUPP, DOUGLAS		1.2 N	AME					
STREET ADDRESS	470 ATLANTIC AVENUE		1.3 \$1	TREET	ADDRESS				
CITY-ST-7-P	BOSTON MA 02210		1.4 0	ITY-S	3T-ZIP				
DILLE	D	☐ DELETE						Change	e 🔲 Addition
NAME	KRUPP, GEORGE		2.2 N						
STREET ADORESS	1		2.3 \$	TREET	ADDRESS				
CHY-ST ZIP	BOSTON MA 02210	OSTON MA 02210		2. 4 CITY - ST - ZIP 3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	e Addition
NAME	PETER DONOVAN	CT Desert	3.1 H					— Andrigh	- IIII MUDAMII
STREET ADDRESS	ATA ATI ANTIO ALETABLE				ADDRESS				
City - St - ZiP	BOSTON MA				ST-ZIP				
Tille	D	DELETE	4.1 Ti					Change	e Addition
NAME	GERBER, LAURENCE		4.2 N	NAME	[
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP	BOSTON MA 02210	DELETE			ST-2IP			Chara	e Addition
TITLE	A T UMANZIO, CLAIRE	L DELETE	5.1 TO		}			L Change	□ L.J AOUIDON
NAME STREET ACOUSES	AND ASSESSMENT ALMANAM		5.2 N		ADDRESS				
STREET ADDRESS CITY - STI ZIP	BOSTON MA				TADDRESS ST-ZIP				
THE THE	VP	☐ DELETE	6.1 TI		21-41			Chang	e Addition
NAME	HALPERN, RONALD		6.2 N						
STREET ADDRESS	AND ATT ALMSO ALMSEUR				ADDRESS				
CITY - ST - ZIP	BOSTON MA 02210		1		ST-ZIP				
		ed with this filing does not qu				ed in Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the

information indicated on this angual groot of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or clirector of the corporation of 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 clianged or on an attachment with an address.

Asst. Treus.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

APR 2 2 1997

Daytime Phone . 0000763