

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

FILED
Feb 25 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 # **F93000002967**
1. Corporation Name
NEW BOSTON FUND, INC.

Principal Place of Business Mailing Address
One Longfellow Place Ste 3612 Suite 3612
Boston, MA 02114 One Longfellow Place
Boston, MA 02114

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/28/93	3a. Date of Last Report 5/96
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-3187720	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Jeffrey Butt, Esq 201 East Kennedy Blvd, Suite 1000 Tampa, FL 33602		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, and I further, for and on behalf of the corporation, 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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome L. Rappaport, Jr.	12 NAME	
STREET ADDRESS	19 Hawthorne Road	13 STREET ADDRESS	
CITY-STATE-ZIP	Wellesley, MA 02181	14 CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Rappaport	22 NAME	
STREET ADDRESS	48 Ayrshire Lane	23 STREET ADDRESS	
CITY-STATE-ZIP	Concord, MA 01742	24 CITY-STATE-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome Lyle Rappaport	32 NAME	
STREET ADDRESS	9 Rivercrest Court	33 STREET ADDRESS	
CITY-STATE-ZIP	Stuart, FL 34496	34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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 of this filing, or on an attachment with an address.

SIGNATURE:  **Jerome L. Rappaport, Jr., President**
Date: **2/19/97** Daytime Phone #: **617-723-7760**

CR2E034 (9/96)