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**May 09 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 # F94000000616 (2)

1. Corporation Name
RELOCATION FINANCIAL SERVICES, INC.



Principal Place of Business
**120 LONGWATER DR.
NORWELL MA 02061**

Mailing Address
**120 LONGWATER DR.
NORWELL MA 02061-1810**

3. Date Incorporated or Qualified 02/08/1994	3a. Date of Last Report 01/26/1996
4. FEI Number 04-3075633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	BENEVIDES, JOSEPH V JR.	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMP, DANIEL J	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, WALTER R JR.	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHNS, DOUGLAS A	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAPP, DAVID M	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT E	
STREET ADDRESS	120 LONGWATER DR.	
CITY - ST - ZIP	NORWELL MA 02061	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *Robert E. Mitchell* **REQUIRE** *Robert E. Mitchell 4/28/97* *617 998-1412*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000000

CR2E034 (9/96)