

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

FILED

Jan 24 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 # F94000002553 (5)

1. Corporation Name
SPENCER, WHITE & PRENTIS FOUNDATION CORPORATION

Principal Place of Business

6 COLLETTI LANE
SWANSEA MA 02777

Mailing Address

6 COLLETTI LANE
SWANSEA MA 02777-4022



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

02/05/1996

4. FEI Number

04-3184591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LARUE, BRIAN M
8747 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33406

149 Australian Ave
Palm Bch, FL 33480

10. Name and Address of New Registered Agent

81 Name

Brian M. La Rue

82 Street Address (P.O. Box Number is Not Acceptable)

149 AUSTRALIAN Ave

83

84 City

Palm Beach FL

85 Zip Code

33480

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCDT	<input type="checkbox"/> DELETE
NAME	LARUE, BRIAN M	149 Australian Ave
STREET ADDRESS	8747 QUAIL RIDGE DRIVE	Palm Bch, FL 33480
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARUE, BRIAN M	149 Australian Ave
STREET ADDRESS	8747 QUAIL RIDGE DRIVE	Palm Bch FL 33480
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOYD, DREW	
STREET ADDRESS	8 VINE STREET	
CITY-ST-ZIP	TAUNTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLANG, JOHN	
STREET ADDRESS	650 PEARSE STREET	
CITY-ST-ZIP	SWANSEA MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREGORY, FRANK	
STREET ADDRESS	30 W. CENTURY ROAD	
CITY-ST-ZIP	PARAMUS NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian M. La Rue
1.3 STREET ADDRESS	149 Australian Ave
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian M. La Rue
2.3 STREET ADDRESS	149 Australian Ave
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
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: *Brian M. La Rue* BRIAN M. La Rue 1-877-561-6590615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)