


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

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Mar 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003069 (1)**

1. Corporation Name

**BEACON RESIDENTIAL MANAGEMENT CORPORATION**



Principal Place of Business	Mailing Address
C/O THE BEACON COMPANIES 2 OLIVER STREET BOSTON MA 02109 US	C/O THE BEACON COMPANIES 2 OLIVER STREET BOSTON MA 02109-4901 US

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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1994	02/21/1996
4. FEI Number	Applied For
52-1855813	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HOWARD E.	
STREET ADDRESS	2 OLIVER STREET	
CITY - ST - ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STETSON, WILLIAM S	
STREET ADDRESS	2 OLIVER STREET	
CITY - ST - ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LASDEN, DEVRA	
STREET ADDRESS	50 ROWES WHARF	
CITY - ST - ZIP	BROOKLINE MA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD, KENNETH J.	
STREET ADDRESS	2 OLIVER STREET	
CITY - ST - ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SIDMAN, EDWIN N	
STREET ADDRESS	50 ROWES WHARF	
CITY - ST - ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WATERS, E. C	
STREET ADDRESS	50 ROWES WHARF	
CITY - ST - ZIP	BOSTON MA 02110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sidman, Edwin N.	
1.3 STREET ADDRESS	2 Oliver St.	
1.4 CITY - ST - ZIP	Boston, Ma.	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Philips, Michael R.	
4.3 STREET ADDRESS	2 Oliver St	
4.4 CITY - ST - ZIP	Boston Ma.	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2 Oliver St.	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2 Oliver St	
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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E034 (9/96)