

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001284 (7)**

1. Corporation Name
BRI ALTAMONTE-II, INC.

Principal Place of Business % THE BERKSHIRE GROUP 470 ATLANTIC AVE. ATTN: LEGAL DEPT. BOSTON MA 02210	Mailing Address % THE BERKSHIRE GROUP 470 ATLANTIC AVE. ATTN: LEGAL DEPT. BOSTON MA 02210-2208
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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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3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3307857	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 type="checkbox"/> No	

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, LAURENCE	1.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	1.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, DAVID F	2.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSKIND, E. ROBERT	4.2 NAME	
STREET ADDRESS	THE LCP GROUP, 355 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10017	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, LINDA B	5.2 NAME	
STREET ADDRESS	1048 HIGHLAND AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEEDHAM MA 02184	5.4 CITY - ST - ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUPP, GEORGE	6.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	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: FRED LAURO **APR 22 1997**
ASST VICEPRESR

CR2E034 (9/96)