

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001432 (2)**

1. Corporation Name

**OXBOW REALTY MANAGEMENT, INC.**

Principal Place of Business

**725 CANTON ST.  
NORWOOD MA 02062**

Mailing Address

**725 CANTON ST.  
NORWOOD MA 02062**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>03/24/1995</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>04-3266134</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	Country	<b>28</b> Zip	Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VP-Real Estate Brokerage</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>SWANSON, KENNETH A</b>			1.2 NAME	<b>TILDEN, PETER G.</b>		
STREET ADDRESS	<b>725 CANTON ST.</b>			1.3 STREET ADDRESS	<b>725 Canton Street</b>		
CITY-ST-ZIP	<b>NORWOOD MA 02062</b>			1.4 CITY-ST-ZIP	<b>Norwood, MA 02062</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BURKE, RUSSELL J.</b>			2.2 NAME			
STREET ADDRESS	<b>725 CANTON STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NORWOOD MA</b>			2.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CALLAHAN, RICHARD P</b>			3.2 NAME			
STREET ADDRESS	<b>1601 FORUM PL.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			3.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHIPLEY, ZACHARY</b>			4.2 NAME			
STREET ADDRESS	<b>1601 FORUM PL.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>CEO</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>KOCH, WILLIAM I</b>			5.2 NAME			
STREET ADDRESS	<b>1601 FORUM PL.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>			5.4 CITY-ST-ZIP			
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KOCH, WILLIAM L</b>			6.2 NAME			
STREET ADDRESS	<b>1601 FORUM PLACE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			6.4 CITY-ST-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 supplement 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]*

2/19/98 561-697-4300

CR2E034 (10/97)