

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005172 (0)
 1. Corporation Name
RIGHT TURN, INC.



Principal Place of Business 300 E. MAIN ST MILFORD MA 01757 US	Mailing Address 300 E. MAIN ST. MILFORD MA 01757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	100 Locke Drive	26	100 Locke Drive	10/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-3071477	
City & State		City & State		Applied For	
23		28		Not Applicable	
Marlborough, MA		Marlborough, MA		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
01752		01752		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VALLE, STEPHEN K.		12 NAME	Kinney, Robert			
STREET ADDRESS	7 AUBURNDALE ROAD		13 STREET ADDRESS	14 Ridge Road			
CITY-ST-ZIP	MARBLEHEAD MA		14 CITY-ST-ZIP	Norfolk, MA			
TITLE	TD	<input type="checkbox"/> DELETE	21 TITLE	P, D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSS, RON		22 NAME	Ross, Roy			
STREET ADDRESS	82 E. KILLINGLY RD.		23 STREET ADDRESS	82 E. Killingly Road			
CITY-ST-ZIP	FOSTER RI		24 CITY-ST-ZIP	Foster, RI			
TITLE	C	<input checked="" type="checkbox"/> DELETE	31 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DECHANT, SUSAN		32 NAME	Angelini, Michael			
STREET ADDRESS	187 WORCHESTER ROAD		33 STREET ADDRESS	311 Main Street			
CITY-ST-ZIP	FRAMINGHAM MA		34 CITY-ST-ZIP	Worcester, MA			
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GILL, JOSEPH		42 NAME	Sacco, Samuel			
STREET ADDRESS	22 HIGH STREET		43 STREET ADDRESS	27 Lee Road			
CITY-ST-ZIP	SOUTHBORO MA		44 CITY-ST-ZIP	Barrington, RI			
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Kinney, Robert		52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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 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 _____

CR2E034 (10/97)