

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

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FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90034 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005172

1. Corporation Name
RIGHT TURN, INC.



Principal Place of Business 100 LOCKE DR MARLBOROUGH MA 01752 US	Mailing Address 100 LOCKE DR MARLBOROUGH MA 01752 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

3. Date Incorporated or Qualified 10/24/1995	Applied For Not Applicable
4. FEI Number 04-3071477	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> DELETE
NAME	KINNEY, ROBERT	
STREET ADDRESS	14 RIDGE RD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	ROSS, ROY	
STREET ADDRESS	82 E. KILLINGLY RD.	
CITY-ST-ZIP	FOSTER RI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANGELINI, MICHAEL	
STREET ADDRESS	311 MAIN ST	
CITY-ST-ZIP	WORCHESTER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, JOSEPH	
STREET ADDRESS	22 HIGH STREET	
CITY-ST-ZIP	SOUTHBORO MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SACCO, SAMUEL	
STREET ADDRESS	27 LEE RD	
CITY-ST-ZIP	BARRINGTON RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kinney, Robert	
1.3 STREET ADDRESS	14 Ridge Road	
1.4 CITY-ST-ZIP	NORFOLK MA	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ross, Roy	
2.3 STREET ADDRESS	82 E. Killingly Road	
2.4 CITY-ST-ZIP	Foster, RI	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert E. Kinney** 2-8-99
 DATE: _____ DAYTIME PHONE #: _____

CR2E034 (11/98)