

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003631 (6)

1. Corporation Name  
B.E. STABLES, INC.

FILED

97 MAY -6 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2 CHARLESGATE W.  
BOSTON MA 02215

Mailing Address  
2 CHARLESGATE W.  
BOSTON MA 02215-3540

3. Date Incorporated or Qualified  
07/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
04-3053153

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELKIN, MAJOR M  
HUNTERS RUN  
33 NORTHWOODS LANE  
BOYNTON BEACH FL 33436

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

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	CP	1.1 TITLE	C
NAME	BELKIN, STEVEN B	1.2 NAME	
STREET ADDRESS	8 ROCKY LEDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02183	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	P
NAME	JANIS, DONNA M	2.2 NAME	
STREET ADDRESS	10 UNWOOD ST #309	2.3 STREET ADDRESS	10 LINWOOD STREET #309
CITY-ST-ZIP	MALDEN MA 02148	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	BINGHAM, TAMMY J	3.2 NAME	
STREET ADDRESS	10 UNWOOD ST #113	3.3 STREET ADDRESS	P.O. Box 461 N/A
CITY-ST-ZIP	MALDEN MA 02148	3.4 CITY-ST-ZIP	Andover, MA 01810
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Tammy J. Bingham

Date

4/29/97

Daytime Phone #

6176383312

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CR2E034 (9/96)