

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

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**Mar 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K83806 (5)
1. Corporation Name
MR. SID OF PALM BEACH, INC.



Principal Place of Business: **331 WORTH AVENUE PALM BEACH FL 33480**
Mailing Address: **1211 CENTRE ST NEWTON MA 02159-1534 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1989	3a. Date of Last Report 06/25/1996
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0148358	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
30. City & State	31. Zip	32. Country	33. City & State	34. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
35. Country	36. City & State	37. Zip	38. Country	39. City & State	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 ZABLUDOWSKI, DANIEL A. LITOW, LUTLER, & ZABLUDOWSKI 2 SOUTH BISCAYNE BLVD, SUITE 3100 MIAMI FL 33131		10. Name and Address of New Registered Agent			
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City					
84. State	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, IRA M.	1.2 NAME	
STREET ADDRESS	1211 CENTRE STREET NEWTON CENTRE MA	1.3 STREET ADDRESS	
CITY, ST, ZIP	V	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, STUART	2.2 NAME	
STREET ADDRESS	1211 CENTRE ST. NEWTON CENTRE MA	2.3 STREET ADDRESS	
CITY, ST, ZIP	S	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIALKOW, JAY L.	3.2 NAME	
STREET ADDRESS	100 FEDERAL ST. 33RD FL BOSTON MA	3.3 STREET ADDRESS	
CITY, ST, ZIP	AS	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, STUART	4.2 NAME	
STREET ADDRESS	1211 CENTRE STREET NEWTON CENTRE MA	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or 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: _____ Date: **3/12/97** Daytime Phone #: **(617) 9694540**

CR2E034 (9/96)