

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L18476 (6)**  
1. Corporation Name  
**PALM EAST DEVELOPMENT CORP.**



Principal Place of Business <b>100 FEDERAL STREET 01-24-01 BOSTON MA 02110 US</b>		Mailing Address <b>C/O STEVE HUDSON 100 FEDERAL STREET BOSTON MA 02110 US</b>		3. Date Incorporated or Qualified <b>09/26/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Principal Place of Business <b>100 Federal Street</b>	26. Mailing Address <b>100 Federal Street</b>	4. FEI Number <b>04-3066158</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc. <b>01-19-03</b>	27. Suite, Apt. #, etc. <b>01-19-03</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State <b>Boston, MA</b>	28. City & State <b>Boston, MA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>02110</b>	25. Country <b>USA</b>	29. Zip <b>02110</b>	30. Country <b>USA</b>	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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code <b>FL</b>

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUCKETT, DENNIS J			1.2 NAME	Alice M. Guiney		
STREET ADDRESS	100 FEDERAL ST.			1.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA			1.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	Clerk	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTPHAL, MARVIN A			2.2 NAME	Steven P. Hudson		
STREET ADDRESS	100 FEDERAL ST.			2.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Asst. Clerk	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OULETTE, DANIEL R.			3.2 NAME	E. Faye Ballou		
STREET ADDRESS	100 FEDERAL ST.			3.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA			3.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORMAN, AMY L			4.2 NAME			
STREET ADDRESS	100 FEDERAL ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMANN, ROBERT J.			5.2 NAME			
STREET ADDRESS	100 FEDERAL ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			5.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, STEVEN P			6.2 NAME			
STREET ADDRESS	100 FEDERAL ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Steven P. Hudson** *[Signature]* April 24, 1996 617-434-5688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)