

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02076 (8)**

1. Corporation Name  
**KRUPP SECURITIES CORPORATION**



Principal Place of Business <b>470 ATLANTIC AVENUE                  BOSTON MA 02210</b>	Mailing Address <b>470 ATLANTIC AVENUE                  BOSTON MA 02210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/17/1984</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>04-2759208</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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 <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUPP, DOUGLAS S.</b>	1.2 NAME	
STREET ADDRESS	<b>470 ATLANTIC AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUPP, GEORGE D.</b>	2.2 NAME	
STREET ADDRESS	<b>470 ATLANTIC AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARBY, PHIL</b>	3.2 NAME	
STREET ADDRESS	<b>470 ATLANTIC AVENUE</b>	3.3 STREET ADDRESS	<b>P</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	3.4 CITY-ST-ZIP	<b>ROSS KEELER</b>
TITLE	<b>T</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT BARROWS</b>	4.2 NAME	<b>WAYNE ZAROZNY</b>
STREET ADDRESS	<b>470 ATLANTIC AVENUE</b>	4.3 STREET ADDRESS	<b>470 ATLANTIC AVENUE</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	4.4 CITY-ST-ZIP	<b>BOSTON, MA 02210</b>
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIGGS, SCOTT K</b>	5.2 NAME	
STREET ADDRESS	<b>470 ATLANTIC AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UMANZIO, CLAIRE</b>	6.2 NAME	
STREET ADDRESS	<b>470 ATLANTIC AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	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 if changed, or on an attachment with an address.

SIGNATURE: *Claire F. Umazio* **Claire F. Umazio** **Asst. Treas.** **FEB 20 1998** **617-423-2233**

CR2E034 (10/97)