

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 JUN 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02488
1. Corporation Name
Boston Development Associates-Construction Company, Inc.

Principal Place of Business Mailing Address
32 Southwest Park Westwood, MA 02090 **32 Southwest Park Westwood, MA 02090**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---------------------|--|--|--|-------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | 3a. Date of Last Report | |
| 21 | | 26 | | 04-2525737 | | 10/20/94 | |
| 22 Sute, Apt #, etc | | 27 Sute, Apt #, etc | | 5. Certificate of Status Desired | | Applied For | |
| 23 City & State | | 28 City & State | | <input type="checkbox"/> | | Not Applicable | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

| | |
|--|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P O Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 fee if applicable. NOTE: Registered Agent signature required when re-registering.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | President | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bruce D. Jaffin | 1.2 NAME | |
| STREET ADDRESS | 32 Southwest Park | 1.3 STREET ADDRESS | 300001517238 |
| CITY ST ZIP | Westwood, MA 02090 | 1.4 CITY ST ZIP | -06/20/95--01044--016 |
| TITLE | Jeffrey L. Betit | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Treasurer | 2.2 NAME | |
| STREET ADDRESS | 32 Southwest Park | 2.3 STREET ADDRESS | ***225.00 ***225.00 |
| CITY ST ZIP | Westwood, MA 02090 | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 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 | | 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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: Bruce D. Jaffin 5/30/95 (617) 461-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #

Bruce D. Jaffin, President