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May 15 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 # P13520 (2)
1. Corporation Name
B&L CONSULTANTS, INC. OF MASSACHUSETTS



Principal Place of Business Mailing Address
ONE COMMERCE WAY ONE COMMERCE WAY
NORWOOD MA 02062 NORWOOD MA 02062-4628

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/09/1987	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		04-2538302	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOERGER, EUGENE R.
4310 METRO PARKWAY
FT. MYERS FL 33916

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	PD	1.1 TITLE	D/T
NAME	LLOYD, JAMES A.	1.2 NAME	Jim W. Cate
STREET ADDRESS	DEER HAVEN, LONG ISLAND	1.3 STREET ADDRESS	101 Bullitt Lane, Suite 450
CITY-ST-ZIP	MOULTONBOROUGH NH	1.4 CITY-ST-ZIP	Louisville, KY 40222
TITLE	VD	2.1 TITLE	D
NAME	LLOYD, ROBERT P.	2.2 NAME	Robert E. Showalter
STREET ADDRESS	30 ROBIN ROAD	2.3 STREET ADDRESS	101 Bullitt Lane, Suite 450
CITY-ST-ZIP	NORFOLK MA	2.4 CITY-ST-ZIP	Louisville, KY 40222
TITLE	CD	3.1 TITLE	S
NAME	ZOOK, DAVID R.	3.2 NAME	Louis C. Parker III
STREET ADDRESS	100 SUNNYSIDE COURT	3.3 STREET ADDRESS	101 Bullitt Lane, Suite 450
CITY-ST-ZIP	PEWEE VALLEY KY	3.4 CITY-ST-ZIP	Louisville, KY 40222
TITLE	D	4.1 TITLE	
NAME	HOLCOMBE, TONY G.	4.2 NAME	
STREET ADDRESS	1028 GARDEN CREEK CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	
NAME	ALSTON, RICHARD A.	5.2 NAME	
STREET ADDRESS	408 DUFF AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40207	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: Louis C. Parker III 4/22/97 (502) 326-7020

CR2E034 (9/96)