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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P15375**

(9)

THE KRUPP CORPORATION Principal Place of Business Mailing Address 470 ATLANTIC AVENUE 470 ATLANTIC AVENUE BOSTON MA 02210-2208 BOSTON MA 02210 3. Date Incorport 07/28/1987 ed or Qualified 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-2707524 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country B. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** TALLAHASSEE FL 32301 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. Fam fam liar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type dior pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GERBER, LAURENCE NAME 1.2 NAME **470 ATLANTIC AVENUE** 1.3 STREET ADDRESS STREET ADORESS **BOSTON MA** CITY-ST-2iP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BARROWS, ROBERT NAME 2.2 NAME 470 ATLANTIC AV 2.3 STREET ADDRESS STREET ADORESS **BOSTON MA** CHY-ST-ZIE 2.4 CITY-ST-ZIP DELETE Change Addition TILLE 3.1 TITLE KRUPP, GEORGE NAMi 3.2 NAME **470 ATLANTIC AVENUE** 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** 3.4. CITY - ST - ZIP CHY SI-ZE DELETE 4.1 TITLE Change Addition THE KRUPP, DOUGLAS NAME 4. 2 NAME 470 ATLANTIC AVENUE 4.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** 4.4 CITY - ST-ZIP CHY-SI-7F DELETE Change Addition TIFLE 51 TITLE UMANZIO, CLAIRE NAME 52 NAME 470 ATLANTIC AVENUE STREET ADDRESS **5.3 STREET ADDRESS BOSTON MA** COLY-IST- 7/2 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE HILL NAME 6.2 NAME \$TREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST-ZIP CPM SEZE implied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ition is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name god, or on an attachment with an address. Claire F. Umanzio

SIGNATURE:

14. I do hereby certify that the information s information indicated on this annual rep Lam an officer or director of the co appears in Block 12 or Block 13 if

> EQUIPIANT Tress. SIGNATURE AND TYPED OR PRINTED NAM

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Daylinie Phone #

**FILED** 

May 15 1997 8:00am

Secretary of State