

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 15 AM 10:04

DOCUMENT # P15375  
1. Corporation Name  
THE KRUPP CORPORATION



Principal Place of Business: 470 ATLANTIC AVENUE, BOSTON MA 02210  
Mailing Address: 470 ATLANTIC AVENUE, BOSTON MA 02210

2. Principal Place of Business	2a. Mailing Address
21 One Beacon Street Suite, Apt #, etc.	26 One Beacon Street Suite, Apt #, etc.
22 Suite 1500, Tax Dept. City & State	27 Suite 1500 Tax Dept. City & State
23 Boston, MA Zip Country	28 Boston, MA Zip Country
24 02108 25	29 02108 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1987

4. FEI Number: 04-2707524 Applied For:  Not Applicable

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 owes the current year Intangible Personal Property Tax:  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City

200002814072-6  
-03/23/93--01010--010  
\*\*\*\*150.00 \*\*\*\*150.00  
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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	KRUPP, DOUGLAS	12 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	13 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	BOSTON MA 02210	14 CITY-ST-ZIP	Boston, MA 02108
TITLE	T	21 TITLE	X Change <input type="checkbox"/> Addition
NAME	ZARONZY, WAYNEO	22 NAME	David Quade
STREET ADDRESS	470 ATLANTIC AV	23 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	BOSTON MA 02210	24 CITY-ST-ZIP	Boston, MA 02108
TITLE	D	31 TITLE	X Change <input type="checkbox"/> Addition
NAME	KRUPP, GEORGE	32 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	33 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	Boston, MA 02108
TITLE	D	41 TITLE	X Change <input type="checkbox"/> Addition
NAME	KRUPP, DOUGLAS	42 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	43 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	Boston, MA 02108
TITLE	AT	51 TITLE	X Change <input type="checkbox"/> Addition
NAME	UMANZIO, CLAIRE	52 NAME	
STREET ADDRESS	470 ATLANTIC AVENUE	53 STREET ADDRESS	One Beacon Street, Suite 1500
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP	Boston, MA 02108
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(c), 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, with all other like empowered

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (1/198)