
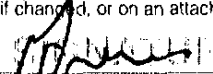


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 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 # P17421 (9)					
1. Corporation Name GUTHRIE HOLDING, INC.					
Principal Place of Business 5850 TG LEE BLVD STE 345 ORLANDO FL 32822 US			Mailing Address 5850 TG LEE BLVD STE 345 ORLANDO FL 32822-4409 US		
2. Principal Place of Business 21 401 Edgewater Place Suite, Apt., etc. - 22 670 City & State 23 Wakefield, MA Zip 24 01880 Country 25 USA		2a. Mailing Address 26 401 Edgewater Place Suite, Apt., etc. - 27 670 City & State 28 Wakefield, MA Zip 29 01880 Country 30 USA		3. Date Incorporated or Qualified 12/29/1987 3a. Date of Last Report 04/24/1996 4. FEI Number 34-1348301 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE NAME QUARTA, ROBERTO STREET ADDRESS 401 EDGEWATER PL STE 670 CITY-ST-ZIP WAKEFIELD MA			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Roberto Quarta 1.3 STREET ADDRESS 401 Edgewater Pl., Ste 670 1.4 CITY-ST-ZIP Wakefield, MA 01880		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME ROMEO, ROBERT W STREET ADDRESS 5850 TG LEE BLVD STE 345 CITY-ST-ZIP ORLANDO FL			2.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Robert P. Frese 2.3 STREET ADDRESS 401 Edgewater Pl., Ste 670 2.4 CITY-ST-ZIP Wakefield, MA 01880		
TITLE SD <input type="checkbox"/> DELETE NAME MURRER, GREGORY J STREET ADDRESS 401 EDGEWATER PL STE 670 CITY-ST-ZIP WAKEFIELD MA			3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Gegory J. Murrer 3.3 STREET ADDRESS 401 Edgewater Pl., Ste 6700 3.4 CITY-ST-ZIP Wakefield, MA 01880		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:  0023809 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert P. Frese Date 4-30-97 Daytime Phone (617) 246-3286					



CR2E034 (9/96)