

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90008 015 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22098**  
 1. Corporation Name  
**NEW ENGLAND PORTFOLIO ADVISORS, INC.**

Principal Place of Business 501 BOYLSTON STREET BOSTON MA 02116-3706	Mailing Address C/O METLIFE INS 1 MADISON AVE AREA 8EF NEW YORK NY 10010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/13/1988	4. FEI Number 04-2843036	Applied For Not Applicable
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 owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTHRIE, JOHN F., JR.	
STREET ADDRESS	58 WOOD END LANE	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MC DEVITT, THOMAS	
STREET ADDRESS	5 ARLINGTON STREET	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEWITT, BEVERLY J	
STREET ADDRESS	50 FOLLEN ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FROST, CHESTER R	
STREET ADDRESS	18 WEST PINE DRIVE	
CITY-ST-ZIP	WALPOLE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, FREDERICK	
STREET ADDRESS	101 HIGH ST.	
CITY-ST-ZIP	HINGHAM MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BROWN, LEO R	
STREET ADDRESS	ONE MADISON AVENUE-TAX DEOT AREA 8EF	
CITY-ST-ZIP	NEW YORK NY 10010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLERK & SECRETARY
3.3 STREET ADDRESS	Abby von der Hyde
3.4 CITY-ST-ZIP	Box 457, Jackknife Point East Orleans, Ma, 02643
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	SHARON HEAD
4.4 CITY-ST-ZIP	6 Bacon Street Winchester, Ma, 02890
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ 9/15/99 212-578-2625

CR2E034 (5/99)