

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23448 (4)**

1. Corporation Name
METROPOLE OF MASSACHUSETTS, INC.



Principal Place of Business: **%BOSTON CAPITAL PROPERTIES, INC. 313 CONGRESS STREET BOSTON MA 02210**
Mailing Address: **%BOSTON CAPITAL PROPERTIES, INC. 313 CONGRESS STREET BOSTON MA 02210**

3. Date Incorporated or Qualified: **03/16/1989** 3a. Date of Last Report: **07/12/1995**

2. Principal Place of Business: **21 One Boston Place** Suite, Apt. #, etc.: **22 Suite 2100** City & State: **23 Boston, MA** Zip: **24 02108** Country: **25 USA**
2a. Mailing Address: **26 One Boston Place** Suite, Apt. #, etc.: **27 Suite 2100** City & State: **28 Boston, MA** Zip: **29 02108** Country: **30 USA**

4. FEI Number: **04-3051441** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLINS, CHRISTOPHER W	
STREET ADDRESS	17 SEA STREET	
CITY-ST-ZIP	MANCHESTER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, JOHN P	
STREET ADDRESS	313 CONGRESS ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICKAS, ANTHONY A	
STREET ADDRESS	10 KENNEL HILL DR.	
CITY-ST-ZIP	BEVERLEY MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NICKAS, ANTHONY A	
STREET ADDRESS	10 KENNEL HILL DR.	
CITY-ST-ZIP	BEVERLEY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, HERBERT F	
STREET ADDRESS	EDGEMOOR ROAD	
CITY-ST-ZIP	GLOUCESTER MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	72 Harbor St.
14 CITY-ST-ZIP	Manchester, MA
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	One Boston Place, Suite 2100
24 CITY-ST-ZIP	Boston, MA 02108
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 617 624 8900
Date: _____ Day, Year, Trade #

CR2E034 (12/95)