

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

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32093 (7)
1. Corporation Name
KRUPP GP, INC.

Principal Place of Business
ATTN: LEGAL DEPT.
470 ATLANTIC AVENUE
BOSTON MA 02210

Mailing Address
ATTN: LEGAL DEPT.
470 ATLANTIC AVENUE
BOSTON MA 02210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	30 Country
24	25	29	30

3. Date Incorporated or Qualified 12/13/1990	
4. FEI Number 04-3097277	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 or has paid the current year Intangible Personal Property Tax due June 30. <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	
		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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GERBER, LAURENCE	1.2 NAME	DOUGLAS KRUPP
STREET ADDRESS	470 ATLANTIC AVE.	1.3 STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	BOSTON, MA 02210
TITLE	S	2.1 TITLE	
NAME	SPELFOGER, SCOTT D	2.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	ROBERT BARROWS	3.2 NAME	WAYNE ZAROZNY
STREET ADDRESS	470 ATLANTIC AVE	3.3 STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	BOSTON, MA 02210
TITLE	D	4.1 TITLE	
NAME	KRUPP, DOUGLAS	4.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KRUPP, GEORGE	5.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	UNAMZIO, CLAIRE	6.2 NAME	
STREET ADDRESS	470 ATLANTIC AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	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 supplementary 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:  Claire F. Umansio
Atty. Treas. FEB 20 1998 617-423-2233

CR2E034 (10/97)