

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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32198 (4)**  
 1. Corporation Name  
**JOAN AND DAVID HELPERN INCORPORATED**



Principal Place of Business <b>1835 REVERE BEACH PARKWAY EVERET MA 02149</b>	Mailing Address <b>1835 REVERE BEACH PARKWAY EVERET MA 02149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/18/1990</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>04-3087168</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 checked="" type="checkbox"/> No	

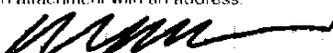
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELPERN, JOAN M.</b>	1.2 NAME	
STREET ADDRESS	<b>1010 MEMORIAL DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAFARELLA, RONALD F.</b>	2.2 NAME	
STREET ADDRESS	<b>98 OLIVER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELMONT MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBLATT, PHILIP</b>	3.2 NAME	<b>DS Allen Rottenberg</b>
STREET ADDRESS	<b>400 ATLANTIC AVE</b>	3.3 STREET ADDRESS	<b>24 Gould Road</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	3.4 CITY-ST-ZIP	<b>Newton MA 02168</b>
TITLE	<b>CD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELPERN, DAVID M</b>	4.2 NAME	
STREET ADDRESS	<b>1010 MEMORIAL DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVER, MARTIN D</b>	5.2 NAME	
STREET ADDRESS	<b>1330 BOYLSTON ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTNUT HILL MA</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:  **017387-5005**

CR2E034 (10/97)