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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	Dagnos
DOCUMENT #	P.300 ID.3
4 Companies None	1 00000

J. ROBERT SCOTT, INC.

Principal Place of Business	Mailing Address
82 DEVONSHIRE STREET F7D BOSTON MA 02109	B2 DEVONSHIRE STREET F7D BOSTON MA 02109
2. Principal Place of Business	2a. Mailing Address

Z.	Principal Place of Business	2a. Mailing Address
21	82 Devonshire Street	26 82 Devonshire Street
	Suite, Apt. #, etc.	Suite, Apt. #, etc
22	Mailzone F7D	27 Mailzone F7D
	City & State	City & State
23	Boston, MA	28 Boston, MA
	Zip Country	Zip Country
24	02100 25 Suffalk	29 02100 [30] 54.5501

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324

	DO NOT WRITE IN THE	S SPACE				
	3. Date incorporated or Qualifed					
	03/27/1992 4. FEI Number					
	4. FEI Number	Applied For				
t	04-2898922	Applied For Not Applicat				
	5. Certificate of Status Desired []	\$8.75 Additional Fee Required				
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
	B. This corporation owes the current year Intangible					
fo1k	Personal Property Tax	[]Yes []No				
	10. Name and Address of New Registered Agent					
Name						
Street Add	fress (P.O. Box Number is Not Acceptable)					

1-13 (2)

99 FEB 19 All 8: 23

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.

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83 84 City

SIGNATURE	Signature typed or printed name of registered agest and little of applicable (NOTE R	rqiste e l'Agent signat ire re pi
12.	OFFICERS AND DIRECTORS	13.
TITLE	DCEO [ ] DELETE	STITLE
NAME:	HILTON, TIMOTHY T	1.2 NAME
STREET ADDRESS	82 DEVONSHIRE STREET	13 STREET ADDRESS
CITY-ST-ZIP	BOSTON MA 02109	14 C/TY-ST-7/P
TITLE	<b>DP</b> DELETE	21111.5
NAME	HOLODNAK, WILLIAM	2.2 NAME
STREET AUDRESS	82 DEVONSHIRE STREET	23 STREET ADORESS
CITY-ST-2	BOSTON MA 02109	2 4 City+S1-ZIP
TITLE	V [] DELETE	3 1 TITLE
NAME	Johnson, Elizabeth L	3.2 NAME
STREET ADDRESS	82 DEVONSHIRE STREET	33 STREET ADDRESS
CITY-ST-ZIP	BOSTON MA 02109	34 CITY-ST-ZIP
TITLE	T DELETE	4 1 TITLE
NAME	Manning, Stephen G	4 2 NAME
STREET ADDRESS	82 DEVONSHIRE STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	BOSTON MA 02109	44 CITY ST-ZIP
TITLE	AT DELETE	51 TITLE
NAME	GREENSTEIN, GARY	5.2 NAME
STREET ADDRESS	82 DEVONSHIRE STREET	53 STREET ADDRESS
CITY-ST-ZIP	BOSTON MA 02109	5.4 City-St-ZiP
TITLE	SC [] DELETE	61 TITLE
NAME	FREEDMAN, JAY	6 2 NAME
STREET ADDRESS	82 DEVONSHIRE STREET	6.3 STREE LADORESS
CITY-ST-ZIP	BOSTON MA 02109	6.4 CHY-ST-ZIF

| Control | Change | Addition | Control | Cont

ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12

\*\*\*\*150.00 \*\*\*\*150.00 [ | Change [ ] Addition

> [ ] Addition [ ] Change

[ | Change | [ | Addition

Applied For Not Applicable

[ ] Add-tion [ | Change

[ ] Addition

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 Tfurther 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 eath, 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, with all other like empowered.

SIGNATURE:

CORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Freedman, Clerk

2/9/99

617-563-8515