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**Mar 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P40733 (8)

1. Corporation Name
IRMA S. MANN, STRATEGIC MARKETING INC.



Principal Place of Business Mailing Address
**360 NEWBURY STREET
BOSTON MA 02115** **360 NEWBURY STREET
BOSTON MA 02115-2707**

3. Date Incorporated or Qualified 3a. Date of Last Report
09/30/1992 **02/14/1996**

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

4. FEI Number Applied For
04-2805930 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
**MANN, IRMA S.
1139 NORTH OCEAN BLVD.
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: *Irma S. Mann* DATE: **3/7/97**
Sign if not typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	LEOPOLD, GARY	
STREET ADDRESS	362 COMMONWEALTH AVE.	
CITY- ST- ZIP	BOSTON MA	
TITLE	SD	
NAME	MANN, ROBERT	
STREET ADDRESS	676 MAIN STREET	
CITY- ST- ZIP	WALTHAM MA	
TITLE	TCD	
NAME	MANN, IRMA S.	
STREET ADDRESS	26 MERRILL ROAD	
CITY- ST- ZIP	NEWTON CENTRE MA	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	→ 478 Beacon Street, #5		
1.4 CITY- ST- ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	→ 564 MAIN STREET		
2.4 CITY- ST- ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS	→ 2 Commonwealth Ave #9B		
3.4 CITY- ST- ZIP	→ BOSTON MA 02116		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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: *Irma S. Mann* DATE: **3/7/97** (617) 353-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000465

CR2E034 (9/96)