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**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000098132 (9)**

1. Corporation Name  
**1650 DUNLAWTON AVENUE, INC.**



Principal Place of Business: **C/O HOHL & PARTNERS, INC.-ATTN M. SCOTT SIXTY STATE STREET, SUITE 700 BOSTON MA 02109**

Mailing Address: **C/O HOHL & PARTNERS, INC.-ATTN M. SCOTT SIXTY STATE STREET, SUITE 700 BOSTON MA 02109**

3. Date Incorporated or Qualified: **12/04/1996**

3a. Date of Last Report

4. FEI Number: **59-3422045**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**YOUNG, GREGORY E  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33840**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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

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 1997	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director, President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOUNG, GREGORY E</b>	1.2 NAME	<b>Michael Orrell</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>250 ROYAL PALM WAY, SUITE 300</b>	1.3 STREET ADDRESS	<b>Friedenstrasse No. 5</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33840</b>	1.4 CITY-ST-ZIP	<b>97072, Wurzburg, Germany</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Director, Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Mark S. Scott</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<b>Sixty State Street, Suite 700</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Boston, MA 02109</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Elmar Bormann</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<b>Friedenstrasse No. 5</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>97072, Wurzburg, Germany</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Gregory E. Young</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<b>250 Royal Palm Way, Suite 300</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Gregory E. Young* **Secretary** **4/19/97** **(561) 833-7700**

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)