

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000001284 (7)**

1. Corporation Name
BRI ALTAMONTE-II, INC.



Principal Place of Business Mailing Address
% THE BERKSHIRE GROUP
470 ATLANTIC AVE. ATTN: LEGAL DEPT.
BOSTON MA 02210

3. Date Incorporated or Qualified **03/17/1995** 3a. Date of Last Report
4. FEI Number **APPLIED FOR 59-3307857** 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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 installing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, LAURENCE	1.2 NAME	Marianne Pritchard
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	1.3 STREET ADDRESS	470 Atlantic Avenue
CITY-ST-ZIP	BOSTON MA 02210	1.4 CITY-ST-ZIP	Boston, MA 02210
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, DAVID F	2.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	3.2 NAME	
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSKIND, E. ROBERT	4.2 NAME	
STREET ADDRESS	THE LCP GROUP, 355 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, LINDA B	5.2 NAME	
STREET ADDRESS	1048 HIGHLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPP, GEORGE	6.2 NAME	700001873417
STREET ADDRESS	% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.	6.3 STREET ADDRESS	-06/24/96--01045--008
CITY-ST-ZIP	BOSTON MA 02210	6.4 CITY-ST-ZIP	***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Marianne Pritchard* **Marianne Pritchard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1996

CR2E034 (12/95)