


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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001284 (7)**

1. Corporation Name  
**BRI ALTAMONTE-II, INC.**



Principal Place of Business <b>% THE BERKSHIRE GROUP</b> <b>470 ATLANTIC AVE. ATTN: LEGAL DEPT.</b> <b>BOSTON MA 02210</b>	Mailing Address <b>% THE BERKSHIRE GROUP</b> <b>470 ATLANTIC AVE. ATTN: LEGAL DEPT.</b> <b>BOSTON MA 02210-2208</b>
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3. Date Incorporated or Qualified <b>03/17/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3307857</b>	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
24. Country	29. Country
25. Country	30. Country

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. City	
84. State	<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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GERBER, LAURENCE</b>	
STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.</b>	
CITY - ST - ZIP	<b>BOSTON MA 02210</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, DAVID F</b>	
STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.</b>	
CITY - ST - ZIP	<b>BOSTON MA 02210</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOSKOWITZ, DAVID</b>	
STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.</b>	
CITY - ST - ZIP	<b>BOSTON MA 02210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSKIND, E. ROBERT</b>	
STREET ADDRESS	<b>THE LCP GROUP, 355 LEXINGTON AVE.</b>	
CITY - ST - ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDMAN, LINDA B</b>	
STREET ADDRESS	<b>1048 HIGHLAND AVE.</b>	
CITY - ST - ZIP	<b>NEEDHAM MA 02194</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUPP, GEORGE</b>	
STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE.</b>	
CITY - ST - ZIP	<b>BOSTON MA 02210</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SCOTT B SHELFOGEL</b>	
3.3 STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE</b>	
3.4 CITY - ST - ZIP	<b>BOSTON MA 02210</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>VPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MARIANNE PRITCHARD</b>	
5.3 STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE</b>	
5.4 CITY - ST - ZIP	<b>BOSTON MA 02210</b>	
6.1 TITLE	<b>AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FRED LAURO</b>	
6.3 STREET ADDRESS	<b>% THE BERKSHIRE GROUP, 470 ATLANTIC AVE</b>	
6.4 CITY - ST - ZIP	<b>BOSTON MA 02210</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Fred Lauro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRED LAURO**  
**ASST VICEPRES**  
**APR 22 1997**

CR2E034 (9/96)