

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:42

DOCUMENT # **P11055** (1)
1. Corporation Name
THE FORTRESS CORPORATION

Principal Place of Business Mailing Address
415 E STREET BOSTON MA 02127 **415 E STREET BOSTON MA 02127**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/07/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2519700		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WENDELL, MAUREEN P. 1630 N.E. 1ST AVE. MIAMI FL 33132				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when nonattest.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POT LEVIS, JAMES N.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	415 E STREET BOSTON MA	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VS WENDELL, MAUREEN P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	415 E STREET BOSTON MA	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V LEVIS-THORNE, LADD M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 GUILD RD. DEDHAM MA	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D O'CONNELL, DANIEL K.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5133 NW 93RD DORAL WAY MIAMI FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D WHITE, FRANCIS M.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6404 BRAUDYWINE CT. STUART FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	I	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Wynne, Frederick
STREET ADDRESS		6.3 STREET ADDRESS	21 Painted Burning
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Hilton Head, SC 29928

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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: *Maureen P. Wendell* **2/21/95** **617-269-3136**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone Number