

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P11055**  
1. Corporation Name

**The Fortress Corporation**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified <b>8/7/86</b>	3a. Date of Last Report <b>3/31/95</b>
4. FEI Number <b>59-2519700</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>One Design Center Place</b>	26. _____
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. <b>Suite 715</b>	27. _____
City & State	City & State
23. <b>Boston, MA</b>	28. _____
Zip	Country
24. <b>02210-2313</b>	29. _____
30. _____	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81. Name <b>James N. Levis</b>
	82. Street Address (P.O. Box Number is Not Acceptable) <b>1630 N.E. 1st Avenue</b>
	83. _____
	84. City <b>Miami</b>
	85. FL 26 Code <b>33132</b>

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 *James N. Levis* **James N. Levis** July 10, 1996  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wendell, Maureen P.</b>	1 2 NAME	
STREET ADDRESS	<b>415 E Street</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>Boston, MA</b>	1 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	<b>DP</b>
STREET ADDRESS		2 3 STREET ADDRESS	<b>Levis, James N.</b>
CITY - ST - ZIP		2 4 CITY - ST - ZIP	<b>One Design Center Place, Suite 715</b>
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	<b>DV</b>
STREET ADDRESS		3 3 STREET ADDRESS	<b>Levis-Thorne, Ladd M.</b>
CITY - ST - ZIP		3 4 CITY - ST - ZIP	<b>One Design Center Place, Suite 715</b>
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	<b>TS</b>
STREET ADDRESS		4 3 STREET ADDRESS	<b>Holler, H. Denis</b>
CITY - ST - ZIP		4 4 CITY - ST - ZIP	<b>One Design Center Place, Suite 715</b>
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	<b>D</b>
STREET ADDRESS		5 3 STREET ADDRESS	<b>Barnes, Steve</b>
CITY - ST - ZIP		5 4 CITY - ST - ZIP	<b>2 Copley Place</b>
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	<b>800001895758</b>
STREET ADDRESS		6 3 STREET ADDRESS	<b>-07/17/96--01011--001</b>
CITY - ST - ZIP		6 4 CITY - ST - ZIP	<b>***233.75</b>

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)(k), 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: *James N. Levis* **James N. Levis** July 10, 1996 (617) 790-3070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)