

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

FILED

**Feb 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000044852 (0)
1. Corporation Name
8250 INTERNATIONAL DRIVE CORPORATION



Principal Place of Business 100 CHARLES PARK RD WEST ROXBURY MA 02132	Mailing Address 100 CHARLES PARK RD WEST ROXBURY MA 02132
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1993	4. FEI Number 04-3195174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	29 Country	30 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, JOHN O	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-ST-ZIP	W ROXBURY MA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, CRAIG S	
STREET ADDRESS	100 CHARLES PARK RD	
CITY-ST-ZIP	W ROXBURY MA	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT M	
STREET ADDRESS	100 CHARLES PARK RD	
CITY-ST-ZIP	W ROXBURY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, AAROND	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-ST-ZIP	WEST ROXBURY MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIEVER, DAMON M	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-ST-ZIP	WEST ROXBURY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Brown, Robert M.</i>
3.3 STREET ADDRESS	<i>106 Charles Park Rd</i>
3.4 CITY-ST-ZIP	<i>W. Roxbury, MA</i>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>Trust Robert M.</i>
6.3 STREET ADDRESS	<i>100 Charles Park Road</i>
6.4 CITY-ST-ZIP	<i>W. Roxbury, MA</i>

14. I 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: *Robert M. Brown* **RECEIVED** *Robert M. Brown* *1/20/98* *617-333-9200*

CR2E034 (10/97)