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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000044852

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
-----------------------------------------------------------------------------	-----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1993	
21		26		4. FEI Number 04-3195174	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, ROBERT M	1.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W ROXBURY MA	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CRAIG S	2.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W ROXBURY MA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT M	3.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W ROXBURY MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, AAROND	4.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEVER, DAMON M	5.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V,S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Allan Afrow
STREET ADDRESS		6.3 STREET ADDRESS	100 Charles Park Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Roxbury, MA 02132

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

2/9/99

617-323-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)