

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **332815** (0)

1. Corporation Name
DWIGHT & WILSON CO.



Principal Place of Business: **2881 N.E. 7TH AVE. POMPANO BCH FL 33064**
Mailing Address: **2881 N.E. 7TH AVE. POMPANO BCH FL 33064**

3. Date Incorporated or Qualified: **07/23/1968**
3a. Date of Last Report: **08/15/1995**
4. FEI Number: **59-1217698**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 State Apt #, etc
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**MAUS, C P
2881 NE 7TH AVE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: **C.P. MAUS, GENERAL MGR.** DATE: **1/25/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOLTE, R. A.	
STREET ADDRESS	1021 JEFFERSON HEIGHTS D	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOLTE, S.W.	
STREET ADDRESS	2831 NE 45TH ST.	
CITY-STATE-ZIP	LIGHTHOUSE POINT FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOLTE, MARY E.	
STREET ADDRESS	1021 JEFFERSON HGTS	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HRITZ, G.A.	
STREET ADDRESS	R.D. 3, BOX 177-A	
CITY-STATE-ZIP	VANDERGRIFT PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLTE, LESLIE F.	
STREET ADDRESS	2831 NE 45TH ST	
CITY-STATE-ZIP	LIGHTHOUSE PT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, DEBRA E.	
STREET ADDRESS	3404 DRUMMOND ST	
CITY-STATE-ZIP	VICKSBURG MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BOLTE, R.A.	
13 STREET ADDRESS	1021 JEFFERSON HEIGHTS DR.	
14 CITY-STATE-ZIP	PITTSBURGH PA	
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BOLTE, S.W.	
23 STREET ADDRESS	2831 N.E. 45TH STREET	
24 CITY-STATE-ZIP	LIGHTHOUSE POINT, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TAMARGO, SERGIO	
33 STREET ADDRESS	MARQUEI DE URQUIJO NO. 24-121	
34 CITY-STATE-ZIP	GIJON, ASTURIAS, ESPANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	URQUIOLA, JUAN	
43 STREET ADDRESS	123 STEWART AVENUE	
44 CITY-STATE-ZIP	GARDEN CITY, NY 11530	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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)(f), 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: **S.W. Bolte** DATE: **1/25/96** TELEPHONE: **954-942-8321**

CR2E034 (12/95)