

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90222 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 332815
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1968
21	26	4. FEI Number 59-1217698	Applied For Not Applicable
22. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country
24		29	
25		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTE, S.W.	1.2 NAME	
STREET ADDRESS	2831 NE 45TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARGO, SERGIO	2.2 NAME	TAMARGO, SERGIO
STREET ADDRESS	MARQUEI DE URQUIJO NO. 24-121	2.3 STREET ADDRESS	MARQUEI DE URQUIJO NO.24-121
CITY-ST-ZIP	GIJON AS	2.4 CITY-ST-ZIP	GIJON AS SPAIN
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URQUOILA, JUAN	3.2 NAME	TAMARGO, JR., SERGIO
STREET ADDRESS	123 STEWART AVENUE	3.3 STREET ADDRESS	1147 HILLSBORO MILE
CITY-ST-ZIP	GARDEN CITY NY	3.4 CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIZ, JUAN	4.2 NAME	
STREET ADDRESS	LAJUVERIA-TREMANOS, APTO 333	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIJON SP 33280	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, C P	5.2 NAME	
STREET ADDRESS	3961 NW 5TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] 4-28-99 1-954-942-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)