

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

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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 333544 (5)

1. Corporation Name

DSS ENGINEERS, INC.



Principal Place of Business

Mailing Address

150 S. PINE ISLAND ROAD
FT. LAUDERDALE FL 33324

PO BOX 1244
TAX DEPT
NEW YORK NY 10116
US

3. Date Incorporated or Qualified: **08/07/1968** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number: **59-1223444** Applied For: Not Applicable:

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAMES, ROBERT G.	
STREET ADDRESS	150 S. PINE ISLAND RD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCGANN, JOHN P	
STREET ADDRESS	250 W 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DURNING, PETER F	
STREET ADDRESS	250 W 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUATTROCCHI, STEPHEN A	
STREET ADDRESS	245 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DISTASI, JOHN M	
STREET ADDRESS	250 W. 34TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CORBUTT, PATRICIA M	
STREET ADDRESS	250 W. 34TH ST.	
CITY-ST-ZIP	NEW YORK NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	Asst. Treasurer
5.3 STREET ADDRESS	Richard Giannelli
5.4 CITY-ST-ZIP	250 W. 34th St.
	New York, NY 10116
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Asst. Secretary
6.3 STREET ADDRESS	Catherine M. Marion
6.4 CITY-ST-ZIP	250 W. 34th St.
	New York, NY 10116

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: *P.F. Durning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P.F. Durning
Secretary**

4/24/96

212-290-7515

CR2E034 (12/95)

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DSS ENGINEERS, INC.

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Peter F. Durning	250 W. 34th St., N.Y., N.Y. 10119
Robert G. James	150 S. Pine Is. Rd., Plantation, FL 33324
Philip A. Wild	245 Summer St., Boston, MA 02107

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Robert G. James	President	150 S. Pine Is. Rd., Plantation, FL 33324
Stephen A. Quattrocchi	Treasurer	245 Summer St., Boston, MA 02107
Peter F. Durning	Secretary	250 W. 34th ST., N.Y., N.Y. 10119
Richard Giannelli	Asst.Treas.	245 Summer St., Boston, MA 02107
John P. McGann	Asst.Secy.	250 W. 34th ST., N.Y., N.Y. 10119
Catherine M. Marion	Asst. Secy.	250 W. 34th ST., N.Y., N.Y. 10119

TERM EXPIRES

Next annual election of officers and until their successors shall be elected and shall qualify.
At the discretion of the Directors.

tax/director