

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra S. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 333544
 1. Corporation Name
DSS ENGINEERS, INC.

Principal Place of Business Mailing Address
 150 S. Pine Island Rd P.O Box 1244
 Ft. Lauderdale, FL 33324 x Dept.
 New York, NY 10116-1244

2. Principal Place of Business 2a. Mailing Address
 21 26 245 Summer Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27 Tax Department
 City & State City & State
 23 28 Boston, MA
 Zip Country Zip Country
 24 25 29 02210 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 08/07/1968
 4. FEI Number Applied For
 59-122344 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 X No

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	Director	DELETE
NAME	Edward J. Walsh	
STREET ADDRESS	245 Summer Street	
CITY - ST - ZIP	Boston, MA 02210	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change	X Addition
1.2 NAME	John Moore		
1.3 STREET ADDRESS	150 S. Pine Island Road		
1.4 CITY - ST - ZIP	Plantation, FL 33324		
2.1 TITLE	Treasurer	Change	X Addition
2.2 NAME	Stephen A. Quattrocchi		
2.3 STREET ADDRESS	245 Summer Street		
2.4 CITY - ST - ZIP	Boston, MA 02210		
3.1 TITLE	Secretary	Change	X Addition
3.2 NAME	Peter F. Durning		
3.3 STREET ADDRESS	245 Summer Street		
3.4 CITY - ST - ZIP	Boston, MA 02210		
4.1 TITLE	Assistant Sec.	Change	X Addition
4.2 NAME	John P. McGann		
4.3 STREET ADDRESS	245 Summer Street		
4.4 CITY - ST - ZIP	Boston, MA 02210		
5.1 TITLE		Change	Addition
5.2 NAME	100002514771		
5.3 STREET ADDRESS	-05/07/98--01012--020		
5.4 CITY - ST - ZIP	***150.00		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* S.A. Quattrocchi 04/21/98 (617) 589-7414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)