

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. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 333544</b>			
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		3. Date Incorporated or Qualified	
21		08/07/1968	
2a. Mailing Address		3a. Date of Last Report	
26 245 Summer Street			
Suite, Apt. #, etc.		4. FEI Number	
27 Tax Department		59-1223444	
City & State		5. Certificate of Status Desired	
28 Boston, MA		\$8.75 Additional Fee Required	
Zip		6. Election Campaign Financing	
29 02210		Trust Fund Contribution	
Country		30	
25		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
24		Yes X No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T Corporation System 1200 South 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 607.0602 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 607.0506, 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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Director	DELETE	1.1 TITLE
NAME	Edward J. Walsh		1.2 NAME
STREET ADDRESS	245 Summer Street		1.3 STREET ADDRESS
CITY - ST - ZIP	Boston, MA 02210		1.4 CITY - ST - ZIP
TITLE		DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE		DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			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: <i>S. A. Quattrocchi</i> 04/21/98 (617) 589-7414			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

CR2034 (3/96)