

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90211 012 ***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 # 333544
 1. Corporation Name
DSS ENGINEERS, INC.

Principal Place of Business 150 S. PINE ISLAND ROAD FT. LAUDERDALE FL 33324	Mailing Address 245 SUMMER STREET TAX DEPT BOSTON MA 02210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 08/07/1968	
4. FEI Number 59-1223444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN	
STREET ADDRESS	150 S. PINE ISLAND ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCGANN, JOHN P	
STREET ADDRESS	245 SUMMER STREET	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DURNING, PETER F	
STREET ADDRESS	245 SUMMER STREET	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUATTROCCHI, STEPHEN A	
STREET ADDRESS	245 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, EDWARD J	
STREET ADDRESS	245 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	AS HARRIS F. LOHNG, III
2.3 STREET ADDRESS	245 SUMMER STREET
2.4 CITY-ST-ZIP	BOSTON MA 02210
3.1 TITLE	ange <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	James P. Jones
3.4 CITY-ST-ZIP	245 Summer St
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)