

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 392721 (7)
 1. Corporation Name
PIECO, INC.



Principal Place of Business: **8105 WEST 20TH AVENUE, P.O. BOX 4930, HIALEAH, FL 33014-3231**

Mailing Address: **30 HARVARD MILL SQUARE, WAKEFIELD MA 01890-3208, US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/14/1971**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-1379427**

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
WYNNE, W. F.
8105 W. 20TH AVENUE
HIALEAH FL 33014

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEIESO, DONALD A	
STREET ADDRESS	US HIGHWAY 22 WEST, P.O. BOX 1500	
CITY-ST-ZIP	SOMERVILLE NJ	
TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	BOREN, JOSEPH L	
STREET ADDRESS	30 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BESSE, GREFFREY C.	
STREET ADDRESS	202 BRIDGE STREET	
CITY-ST-ZIP	BEVERLY MA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRUNAIS, ALAIN	
STREET ADDRESS	30 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOYNIHAN, PHILIP	
STREET ADDRESS	318 N PLEASANT AVE	
CITY-ST-ZIP	RIDEWOOD NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD B	
STREET ADDRESS	8105 WEST 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VITTANOS, JERKABS	
1.3 STREET ADDRESS	189 HESPERUS AVE	
1.4 CITY-ST-ZIP	MAGNOLIA, MA. 01930	
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	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MACNABB, ANDREA M.	
3.3 STREET ADDRESS	25 HAWTHORNE ST	
3.4 CITY-ST-ZIP	WATERDOWN, MA, 02172	
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 do 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.

SIGNATURE: Andrea M MacNabb **Andrea M MacNabb** 4/30/97 617-246-5200

CR2E034 (9/96)