

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 018 ***150.00

DOCUMENT # 392721

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 01880
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1971

4. FEI Number

59-1379427

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	VITTANDS, JEKABS	
STREET ADDRESS	189 HES PERUS AVE	
CITY-ST-ZIP	MAGNOLIA MA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MACNABB, ANDREA M	
STREET ADDRESS	18 MAYFAIR RD	
CITY-ST-ZIP	BEDHAM MA 02026	
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	30 SEVINOR RD	
CITY-ST-ZIP	MARBLEHEAD MA 01945	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD B	
STREET ADDRESS	8105 WEST 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bolton, Joseph	
1.3 STREET ADDRESS	9 Goodwin Ct.	
1.4 CITY-ST-ZIP	Marblehead, MA 01945	
2.1 TITLE	D,T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vidal, Joseph	
2.3 STREET ADDRESS	3 Kensington Ave.	
2.4 CITY-ST-ZIP	Andover, MA 01810	
3.1 TITLE	D,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lane, Neil	
3.3 STREET ADDRESS	30 Harvard Mill Sq	
3.4 CITY-ST-ZIP	Wakefield, MA 01880-5371	
4.1 TITLE	VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Marblehead, MA 01945	
5.1 TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ferrara, Francis	
5.3 STREET ADDRESS	15 Great Pond Dr.	
5.4 CITY-ST-ZIP	Boxford, MA 01921	
6.1 TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Duffy, Kevin	
6.3 STREET ADDRESS	32 Paddock Ln.	
6.4 CITY-ST-ZIP	North Andover, MA 01845-6312	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joseph Vidal

3/30/99

781-246-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)