

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/14/1971	4. FEI Number 59-1379427	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D,P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITTANDS, JEKABS	1.2 NAME	Bolton, Joseph
STREET ADDRESS	189 HES PERUS AVE	1.3 STREET ADDRESS	9 Goodwin Ct.
CITY-ST-ZIP	MAGNOLIA MA	1.4 CITY-ST-ZIP	Marblehead, MA 01945
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	D,T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACNABB, ANDREA M	2.2 NAME	Vidal, Joseph
STREET ADDRESS	18 MAYFAIR RD	2.3 STREET ADDRESS	3 Kensington Ave.
CITY-ST-ZIP	BEDHAM MA 02026	2.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	D,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNAIS, ALAIN	3.2 NAME	Lane, Neil
STREET ADDRESS	30 HARVARD MILL SQUARE	3.3 STREET ADDRESS	30 Harvard Mill Sq
CITY-ST-ZIP	WAKEFIELD MA	3.4 CITY-ST-ZIP	Wakefield, MA 01880-5371
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	VP, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYNIHAN, PHILIP	4.2 NAME	
STREET ADDRESS	30 SEVINOR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA 01945	4.4 CITY-ST-ZIP	Marblehead, MA 01945
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP, As <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, RICHARD B	5.2 NAME	Ferrara, Francis
STREET ADDRESS	8105 WEST 20TH AVENUE	5.3 STREET ADDRESS	15 Great Pond Dr.
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Boxford, MA 01921
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP, As <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Duffy, Kevin
STREET ADDRESS		6.3 STREET ADDRESS	32 Paddock Ln.
CITY-ST-ZIP		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 19.07(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 Date: 3/30/99 Daytime Phone #: 781-246-5200

CR2E034 (1/98)