SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000002746 (5)**

1. Corporation Name

PIERTEC INC.

Principal Place of Business:	Mailing Address:
5560 BEE RIDGE RD. **SUITE 1** **SARASOTA FL 34233**	**5560 BEE RIDGE RD.** **SUITE 1** **SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/25/1994**
3a. Date of Last Report: **May 1995**

4. FEI Number: ~~APPLIED FOR~~ **65-0493386** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PDC**	11 TITLE **PDC** [X] Change [ ] Addition
NAME **PIERSON, ROBIN**	12 NAME **PIERSON, ROBIN**
STREET ADDRESS **5 S. WAVERLY ST., #3**	13 STREET ADDRESS **260 Chestnut Hill Ave.**
CITY-ST-ZIP **BRIGHTON MA 02135**	14 CITY-ST-ZIP **Brighton, MASS. 02135**
	See 1995 Up-Dated & Correct Report
TITLE **VP**	21 TITLE [X] Change [ ] Addition
NAME **PIERSON, J.**	22 NAME **Pierson, J.**
STREET ADDRESS **Box 3279, Easton, PA. 18043**	23 STREET ADDRESS **850 S. Greenwood Ave/P.O. 3279**
CITY-ST-ZIP	24 CITY-ST-ZIP **Easton, PA. 18043**
TITLE **S**	31 TITLE [X] Change [ ] Addition
NAME **PIERSON, JENNIFER P.**	32 NAME **Pierson, Jennifer P.**
STREET ADDRESS **Box 3279 Easton, PA. 18043**	33 STREET ADDRESS **850 S. Greenwood Ave./P.O.3279**
CITY-ST-ZIP	34 CITY-ST-ZIP **Easton, PA. 18043**
TITLE **C**	41 TITLE [ ] Change [ ] Addition
NAME **PIERSON, J. R.**	42 NAME **Pierson, J. R.**
STREET ADDRESS **Box 3279 Easton, PA. 18043**	43 STREET ADDRESS **850 S. Greenwood Ave./P.O.3279**
CITY-ST-ZIP	44 CITY-ST-ZIP **Easton, PA. 18043** X
TITLE	51 TITLE [ ] Change [ ] Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	61 TITLE [ ] Change [ ] Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

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*****225.00**

7-10-96

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ May 16, 1996 610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pierson, J. R. Controller 258-9624