

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # P04096 (4)

1. Corporation Name
PAULUS, SOKOLOWSKI & SARTOR, INC.



Principal Place of Business Mailing Address
**67-A MOUNTAIN BOULEVARD EXT.
WARREN NJ 07059-0039
US**

3. Date Incorporated or Qualified **11/20/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **22-1838372** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00**
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
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**MEHLTRETTER, JAMES
245 BAYSHORE BLVD.
TAMPA FL 33608**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAULUS, WILLIAM, JR.	
STREET ADDRESS	4 OWENS DRIVE	
CITY-ST-ZIP	WARREN NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FALCONE, P. A.	
STREET ADDRESS	764 SCOTCH PLAINS AVENUE	
CITY-ST-ZIP	WESTFIELD NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRADSKY, O. VON	
STREET ADDRESS	618 LAFAYETTE AVENUE	
CITY-ST-ZIP	WESTWOOD NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTES, D.	
STREET ADDRESS	431 CAMBRIDGE ROAD	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SARTOR, ANTHONY J.	
STREET ADDRESS	19 KEVIN ROAD	
CITY-ST-ZIP	SCOTCH PLAINS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEHLTRETTER, JAMES	
STREET ADDRESS	1044 SYLVIA LN.	
CITY-ST-ZIP	TAMPA FL	

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GENNARO, MICHAEL M
3.3 STREET ADDRESS	158 COLCHESTER RD
3.4 CITY-ST-ZIP	NEW PROVIDENCE, NJ 07974
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William Paulus Jr. 3/5/96 908-560-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)