

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

FILED

**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04096 (4)

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



Principal Place of Business 67-A MOUNTAIN BOULEVARD EXT. WARREN NJ 07059-0039 US	Mailing Address 67-A MOUNTAIN BOULEVARD EXT. WARREN NJ 07059-5802 US
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3. Date Incorporated or Qualified 11/20/1984	3a. Date of Last Report 03/12/1996
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country
4. FEI Number 22-1838372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEHLTRETTER, JAMES 245 BAYSHORE BLVD. TAMPA FL 33606		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 2907 Bay to Bay Boulevard		
83. Suite	Suite 214		
84. City	FL	85. Zip Code	33629

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, WILLIAM, JR.	1.2 NAME	
STREET ADDRESS	4 OWENS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONE, P. A.	2.2 NAME	
STREET ADDRESS	764 SCOTCH PLAINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENNARO, MICHAEL M.	3.2 NAME	
STREET ADDRESS	156 COLCHESTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PROVIDENCE NJ	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTES, D.	4.2 NAME	
STREET ADDRESS	431 CAMBRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTOR, ANTHONY J.	5.2 NAME	
STREET ADDRESS	10 KEVIN ROAD	5.3 STREET ADDRESS	27 Allenby Lane
CITY-ST-ZIP	SCOTCH PLAINS NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLTRETTER, JAMES	6.2 NAME	
STREET ADDRESS	1044 SYLVIA LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: *William Paulus Jr.* **WILLIAM PAULUS JR.** Date: **908-560-9700**

CR2E034 (9/96)