

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P04096 (4)**  
 1. Corporation Name  
**PAULUS, SOKOLOWSKI & SARTOR, INC.**



Principal Place of Business <b>67-A MOUNTAIN BOULEVARD EXT. WARREN NJ 07059-0039 US</b>	Mailing Address <b>67-A MOUNTAIN BOULEVARD EXT. WARREN NJ 07059-0039 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/20/1984</b>		4. FEI Number <b>22-1838372</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
City & State 23	City & State 28	Zip 24	Country 25	Zip 29
Country 30				

9. Name and Address of Current Registered Agent <b>MEHLTRETTER, JAMES 2907 BAY TO BAY BLVD SUITE 214 TAMPA FL 33629</b>		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		
83		84 City		
		85 Zip Code		<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULUS, WILLIAM, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>4 OWENS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALCONE, P. A.</b>	2.2 NAME	
STREET ADDRESS	<b>764 SCOTCH PLAINS AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTFIELD NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENNARO, MICHAEL M.</b>	3.2 NAME	
STREET ADDRESS	<b>158 COLCHESTER ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PROVIDENCE NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTES, D.</b>	4.2 NAME	
STREET ADDRESS	<b>431 CAMBRIDGE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIDGEWOOD NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VSTD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARTOR, ANTHONY J.</b>	5.2 NAME	
STREET ADDRESS	<b>27 ALLENBY LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTCH PLAINS NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEHLTRETTER, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>1044 SYLVIA LN.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I 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. PRES 4/9/98 732 560 9700

CR2E034 (10/97)