

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 01 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 # **P32999** (5)
1. Corporation Name
P.T. & L. ENVIRONMENTAL CONSULTANTS, INC.



Principal Place of Business 1 KALISA WAY STE. 106 PARAMUS NJ 07652	Mailing Address 1 KALISA WAY STE. 106 PARAMUS NJ 07652
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 411 Sette Drive Suite, Apt. #, etc. 22 City & State 23 Paramus, NJ Zip Country 24 07652 25 Bergen	2a. Mailing Address 26 411 Sette Drive Suite, Apt. #, etc. 27 City & State 28 Paramus, NJ Zip Country 29 07652 30 Bergen
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3. Date Incorporated or Qualified 02/28/1991	3a. Date of Last Report 06/25/1996
4. FEI Number 22-2998393	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHNEIDER, MARK
201 S BUMBLY ST
S-B
ORLANDO FL 32803**

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 *X m h e l l*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/28/97**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIDMAN, SIMON	
STREET ADDRESS	15-08 LANDZETTEL WAY	
CITY-ST-ZIP	FAIR LAWN NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAGANELLA, NICHOLAS A.	
STREET ADDRESS	4 VINE ST.	
CITY-ST-ZIP	WALDWICK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUMSEY, MARY ELLEN	
STREET ADDRESS	700 NELSON RD 15 RUMSEY LANE	
CITY-ST-ZIP	MONROE NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUMSEY, MARY ELLEN	
STREET ADDRESS	700 NELSON RD 15 RUMSEY LANE	
CITY-ST-ZIP	MONROE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *Mary Ellen Rumsey* **MARY ELLEN RUMSEY** 7/24/97 305-265-
Signature, typed or printed name of registered agent and title, if applicable

CR2E034 (4/97)