

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:57

**DOCUMENT # 229744 (8)**

1. Corporation Name  
**STRAHL & PITTSCH, INC.**

Principal Place of Business <b>230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704</b>	Mailing Address <b>230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704</b>
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/02/1959</b>		3a. Date of Last Report <b>03/08/1994</b>	
4. FEI Number <b>13-2526829</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.036, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		
21	26	Suite, Apt. #, etc.		
22	27	City & State		
23	28	City & State		
24	25	29	30	
Zip		Country		
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCE, WILLIAM P	1.2 NAME	
STREET ADDRESS	60 LUCINDA DRIVE	1.3 STREET ADDRESS	
CITY ST ZIP	BABYLON NY	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, DANIEL	2.2 NAME	
STREET ADDRESS	41 OSTEND AVE	2.3 STREET ADDRESS	10 Deer Path Road
CITY ST ZIP	WESTPORT CT	2.4 CITY ST ZIP	Weston, Connecticut 06883
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONS, STUART	3.2 NAME	
STREET ADDRESS	4525 HENRY HUDSON PKWY	3.3 STREET ADDRESS	
CITY ST ZIP	BRONX, N Y 00000	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, LAUREN COHEN	4.2 NAME	
STREET ADDRESS	8419 STEVENSON RD.	4.3 STREET ADDRESS	
CITY ST ZIP	BALTIMORE, M.D	4.4 CITY ST ZIP	
TITLE	VCD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, AUSTIN	5.2 NAME	
STREET ADDRESS	20 EAST 76TH ST	5.3 STREET ADDRESS	20 E. 76 St.--Apt. 12F
CITY ST ZIP	NY, NY 00000	5.4 CITY ST ZIP	New York, New York 10021
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, AARON	6.2 NAME	
STREET ADDRESS	208 S. MISSISSIPPI RIVER BLVD.	6.3 STREET ADDRESS	976 Summit Avenue
CITY ST ZIP	ST. PAUL MN	6.4 CITY ST ZIP	St. Paul, Minnesota 55105

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 110.07(3)(b), 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 DeLuca - Pres. William B. DeLuca June 7, 1995 (516)587-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)

STRAHL & PITSCH INC.

229744

FLORIDA DEPARTMENT OF STATE  
CORPORATION ANNUAL REPORT 1994

Addendum to Block #12

7.1 P  
7.2 DeLuca, William  
7.3 36 Robert Crescent  
7.4 Stony Brook, NY 11790

8.1 V  
8.2 Behrer, Robert  
8.3 51 Lawrence Drive  
8.4 Brightwaters, NY 11718

9.1 V  
9.2 Gomez, John  
9.3 41 N. Newton Avenue  
9.4 Selden, NY 11784

10.1 V  
10.2 Kestler, Hans  
10.3 19 Inlet View Path  
10.4 E. Moriches, NY 11940

11.1 V  
11.2 McKenna, Roger  
11.3 309 George Street  
11.4 West Islip, NY 11795