

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 229744 (8)
 1. Corporation Name
STRAHL & PITSCHE, INC.



Principal Place of Business 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704	Mailing Address 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704
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3. Date Incorporated or Qualified 11/02/1959	3a. Date of Last Report 06/26/1995
4. FEI Number 13-2526829	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. # etc
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRANCE, WILLIAM P	
STREET ADDRESS	60 LUCINDA DRIVE	
CITY-ST-ZIP	BABYLON NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINSON, DANIEL	
STREET ADDRESS	10 DEER PATH RD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AARONS, STUART	
STREET ADDRESS	4525 HENRY HUDSON PKWY	
CITY-ST-ZIP	BRONX, N Y 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMALL, LAUREN COHEN	
STREET ADDRESS	8419 STEVENSON RD.	
CITY-ST-ZIP	BALTIMORE, M.D	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LIST, AUSTIN	
STREET ADDRESS	20 E 76TH ST APT 12-F	
CITY-ST-ZIP	NY, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACK, AARON	
STREET ADDRESS	976 SUMMIT AVE	
CITY-ST-ZIP	ST. PAUL MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	NEW YORK, N.Y.
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Debusco - President William Debusco 6/10/96 516-587-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CFR2E034 (3/96)

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STRAHL & PITSCHE INC.

**FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT 199X6**

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 Gomes, 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