

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 30 1997 8:00am
 Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 229744 (8)
 1. Corporation Name
STRAHL & PITTSCH, INC.



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|--|--|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 11/02/1959 | 3a. Date of Last Report 06/19/1996 |
| 21 | 26 | 4. FEI Number 13-2526829 | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | City & State | 28 | 29 |
| 23 | 28 | 29 | 30 |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|---|--|---|----------------|
| 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 | 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 _____
 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 | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCE, WILLIAM P | 1.2 NAME | |
| STREET ADDRESS | 80 LUCINDA DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BABYLON NY | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINSON, DANIEL | 2.2 NAME | |
| STREET ADDRESS | 10 DEER PATH RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTPORT CT | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMALL, LAUREN COHEN | 3.2 NAME | |
| STREET ADDRESS | 8419 STEVENSON RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BALTIMORE, M.D | 3.4 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIST, AUSTIN | 4.2 NAME | |
| STREET ADDRESS | 20 E 76TH ST APT 12-F | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACK, AARON | 5.2 NAME | |
| STREET ADDRESS | 976 SUMMIT AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PAUL MN | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____

CR2E034 (4/97)

STRAHL & PITSCHE INC.

**FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT 1997**

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