


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
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DOCUMENT # 229744 (8)  
1. Corporation Name  
STRAHL & PITSCH, 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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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	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

CR2E034 (4/97)

# STRAHL & PITSCH 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