

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005065 (6)**

1. Corporation Name
PCA ENGINEERING, INC.



Principal Place of Business: 177 ROYAL AVE HAWTHORNE NJ 07507-9227
Mailing Address: PO BOX 227 HAWTHORNE NJ 07507-9227

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1995	3a. Date of Last Report
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 22-1688452	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**PHILLIPS, WALTER
543 59TH WAY
S. ST PETERSBURG FL 33707**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code FL
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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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	NAME: DREYMAN, EDGAR W	1.1 TITLE:	Change Addition
STREET ADDRESS: 505 FRANKLIN TURNPIKE, UNIT 1	CITY-STATE-ZIP: ALLENDALE NJ 07401	1.2 NAME:	
TITLE: VCP	NAME: MADDEN, VERNON L	1.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 3C BROOKSIDE HEIGHTS	CITY-STATE-ZIP: WANAUKE NJ 07465	1.4 CITY-STATE-ZIP:	
TITLE: D	NAME: DREYMAN, E. WAYNE	2.1 TITLE:	Change Addition
STREET ADDRESS: 25 WILSON AVE	CITY-STATE-ZIP: GILBERTSVILLE PA 19525	2.2 NAME:	
TITLE: V	NAME: MONTGOMERY, RICHARD H	2.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 25 HOMESTEAD DR	CITY-STATE-ZIP: YARDLEY PA 19067	2.4 CITY-STATE-ZIP:	
TITLE: S	NAME: EBERLY, SUZANNE M	3.1 TITLE:	Change Addition
STREET ADDRESS: 30 PASSAIC AVE, 5B	CITY-STATE-ZIP: NUTLEY NJ 07110	3.2 NAME:	
TITLE: T	NAME: COUGHLIN, DAVID J	3.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 4 DORCHESTER DR	CITY-STATE-ZIP: TALLMAN NY 10982	3.4 CITY-STATE-ZIP:	
TITLE: S	NAME: DOROZYNSKI, DENISE	4.1 TITLE:	Change Addition
STREET ADDRESS: 237 GRAND AVENUE	CITY-STATE-ZIP: ENGLEWOOD, NJ 07631	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Coughlin* DAVID J. COUGHLIN, TREASURER 01/17/96 (201) 427-8540
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)