

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 17 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 # 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 07507-0227
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/18/1995	3a. Date of Last Report 01/31/1996
21	26	4. FEI Number 22-1688452	Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$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	29 Country	30 Zip	30 Country
25	29	30	30
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	DREYMAN, EDGAR W	
STREET ADDRESS	505 FRANKLIN TURNPIKE, UNIT 1	
CITY - ST - ZIP	ALLENDALE NJ 07401	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	MADDEN, VERNON L	
STREET ADDRESS	3C BROOKSIDE HEIGHTS	
CITY - ST - ZIP	WANAQUE NJ 07465	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DREYMAN, E. WAYNE	
STREET ADDRESS	25 WILSON AVE	
CITY - ST - ZIP	GILBERTSVILLE PA 19525	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, RICHARD H	
STREET ADDRESS	25 HOMESTEAD DR	
CITY - ST - ZIP	YARDLEY PA 19087	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EBERLY, SUZANNE M	
STREET ADDRESS	30 PASSAIC AVE, 5B	
CITY - ST - ZIP	NUTLEY NJ 07110	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COUGHLIN, DAVID J	
STREET ADDRESS	4 DORCHESTER DR	
CITY - ST - ZIP	TALLMAN NY 10982	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DREYMAN, E. WAYNE
3.3 STREET ADDRESS	1725 GARLAND LANE NORTH
3.4 CITY - ST - ZIP	PLYMOUTH MN 55447
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOROZYNSKI, DENISE
5.3 STREET ADDRESS	237 B GRAND AVENUE
5.4 CITY - ST - ZIP	ENGLEWOOD NJ 07631
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **DAVID J. COUGHLIN** **TREASURER** **1/3/97** **201-427-8540**

CR2E034 (9/96)