

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 07507-9227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 10/18/1995	
21	26	4. FEI Number 22-1688452		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYMAN, EDGAR W	1.2 NAME	
STREET ADDRESS	505 FRANKLIN TURNPIKE, UNIT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENDALE NJ 07401	1.4 CITY-ST-ZIP	
TITLE	VCP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, VERNON L	2.2 NAME	
STREET ADDRESS	3C BROOKSIDE HEIGHTS	2.3 STREET ADDRESS	
CITY-ST-ZIP	WANAQUE NJ 07465	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYMAN, E. WAYNE	3.2 NAME	
STREET ADDRESS	1725 GARLAND LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, RICHARD H	4.2 NAME	
STREET ADDRESS	25 HOMESTEAD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA 19067	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROZYNSKI, DENISE	5.2 NAME	
STREET ADDRESS	237B GRAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD NJ	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHLIN, DAVID J	6.2 NAME	
STREET ADDRESS	4 DORCHESTER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLMAN NY 10982	6.4 CITY-ST-ZIP	

14. I 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 REQUIRED** 1/9/98 225-457-8224

CR2E034 (10/97)