

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P03175 (7)

1. Corporation Name

HANKIN ENVIRONMENTAL SYSTEMS INC.



Principal Place of Business

Mailing Address

ONE HARVARD WAY
SUITE 6
SOMERVILLE NJ 08876
US

ONE HARVARD WAY, SUITE 6
P.O. BOX 935
SOMERVILLE NJ 08876

3. Date Incorporated or Qualified
08/27/1984

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

94-2328476

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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 the filer (if not the same)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REZA, S.H.
STREET ADDRESS 11 RUSHWICK RD.
CITY-STATE-ZIP MT. LAUREL NJ

1.1 TITLE President/Director
1.2 NAME David Chou
1.3 STREET ADDRESS 5 Arnold Drive
1.4 CITY-STATE-ZIP Princeton Junction, NJ 08550

TITLE VD
NAME MCDONOUGH, S.
STREET ADDRESS 43 MANOR DR.
CITY-STATE-ZIP BELLE MEAD NJ

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE CD
NAME WILLIAMS, R.
STREET ADDRESS 143 PRINCESS ANNE CT.
CITY-STATE-ZIP ISLINGTON, ONT. CAN.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE TD
NAME BOWSER, E.R.
STREET ADDRESS 21 BLACK CHERRY DR.
CITY-STATE-ZIP MARKHAM, ONT., CAN.

4.1 TITLE Treasurer/Director
4.2 NAME Harshad Modi
4.3 STREET ADDRESS 10 Daniel Drive
4.4 CITY-STATE-ZIP Belle Mead, NJ 08502

TITLE SO
NAME ORLANDO, CAROL
STREET ADDRESS 2339 S BRANCH RD
CITY-STATE-ZIP NESHANIC STATION NJ

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Carol Orlando, Secretary

04/23/96

908 722 9595*417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)