

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28371** (3)

1. Corporation Name

ENVIRONMENTAL SYSTEMS PRODUCTS, INC.



Principal Place of Business

Mailing Address

**7 KRIPES RD.
EAST GRANBY CT 06026**

**7 KRIPES RD.
EAST GRANBY CT 06026**

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEDESCHI, RINALDO	
STREET ADDRESS	7 KRIPES RD.	
CITY-STATE-ZIP	E. GRANBY CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAFTMAN, SCOTT	
STREET ADDRESS	7 KRIPES RD.	
CITY-STATE-ZIP	E. GRANBY CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALE, JAMES C.	
STREET ADDRESS	717 5TH AVE.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUNSTEIN, IRWIN	
STREET ADDRESS	7 KRIPES ROAD	
CITY-STATE-ZIP	E. GRANBY CT	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZOLOT, NORMAN	
STREET ADDRESS	264 AMITY ROAD	
CITY-STATE-ZIP	WOODBIDGE CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terrence P. McKenna	
1.3 STREET ADDRESS	7 Kripes Road	
1.4 CITY-STATE-ZIP	East Granby, CT 06026	
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ogden Reid	
2.3 STREET ADDRESS	9 West 57th Street Suite 4170	
2.4 CITY-STATE-ZIP	New York, NY	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ron Cacciola	
3.3 STREET ADDRESS	1 Chase Manhattan Plaza	
3.4 CITY-STATE-ZIP	New York, NY 10005	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE

J. Scott Haftmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. SCOTT HAFTMANN

1/23/96

(860) 453-0081

CR2E034 (12/95)