

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 229744 (8)
 1. Corporation Name
STRAHL & PITSCHE, INC.



Principal Place of Business 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704	Mailing Address 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/02/1959	3a. Date of Last Report 06/26/1995
21. Suite, Apt. #, etc	26. Suite, Apt. # etc	4. FEI Number 13-2526829	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCE, WILLIAM P	12 NAME	
STREET ADDRESS	60 LUCINDA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	BABYLON NY	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, DANIEL	22 NAME	
STREET ADDRESS	10 DEER PATH RD	23 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	24 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONS, STUART	32 NAME	
STREET ADDRESS	4525 HENRY HUDSON PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	BRONX, N Y 00000	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, LAUREN COHEN	42 NAME	
STREET ADDRESS	8419 STEVENSON RD.	43 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, M.D	44 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, AUSTIN	52 NAME	
STREET ADDRESS	20 E 76TH ST APT 12-F	53 STREET ADDRESS	
CITY-ST-ZIP	NY, NY 00000	54 CITY-ST-ZIP	NEW YORK, N.Y.
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, AARON	62 NAME	
STREET ADDRESS	976 SUMMIT AVE	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Debusco - President William Debusco 6/10/96 516-587-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CFR2E034 (3/96)

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STRAHL & PITSCH INC.

**FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT 199X6**

Addendum to Block #12

7.1 P
7.2 DeLuca, William
7.3 36 Robert Crescent
7.4 Stony Brook, NY 11790

8.1 V
8.2 Behrer, Robert
8.3 51 Lawrence Drive
8.4 Brightwaters, NY 11718

9.1 V
9.2 Gomes, John
9.3 41 N. Newton Avenue
9.4 Selden, NY 11784

10.1 V
10.2 Kestler, Hans
10.3 19 Inlet View Path
10.4 E. Moriches, NY 11940

11.1 V
11.2 McKenna, Roger
11.3 309 George Street
11.4 West Islip, NY 11795