CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 333076 (8)

1. Corporation Name
DAVID FABRICATORS OF FLA., INC.

Principal Place of Business
595 BERRIMAN STREET
BROOKLYN NY 11208

Mailing Address
595 BERRIMAN STREET
BROOKLYN NY 11208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1968
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1222511 (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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CALAMARI, HENRY
~~701 N. RIVERSIDE DRIVE~~ 21545 CAMPO Allegro Dr.
~~POMPANO BEACH FL 33062~~ Boca Raton, FLA 33433

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

11. Pursuant to the provisions of Section 607.1203, 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 and am familiar with and accept the obligations of that position as provided for in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALAMARI, RAYMOND
STREET ADDRESS	5 ORCHARD ST
CITY-ST-ZIP	GLEN HEAD NY 11545
TITLE	ST
NAME	CALAMARI, HENRY JR
STREET ADDRESS	4516 BOSTON POST ROAD
CITY-ST-ZIP	PELHAM MANOR NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Add/Delete
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Add/Delete
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	[ ] Change	[ ] Add/Delete
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	[ ] Change	[ ] Add/Delete
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	[ ] Change	[ ] Add/Delete
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Add/Delete
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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***225.00

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I further certify that the information indicated on this report or supplemental 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 above.

06-07-96 02

SIGNATURE: X Raymond M. Calamari Pres 6/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR