

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P06885 (8)**
1. Corporation Name
NORTHVILLE INDUSTRIES CORPORATION



Principal Place of Business: **25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398**
Mailing Address: **25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398**

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **07/26/1985** 3a. Date of Last Report: **03/14/1995**
4. FEI Number: **11-1801730** 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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
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 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: _____ (Print: Registered Agent's name required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD	NAME: BERNSTEIN, JAY H.	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 26 PHEASANT RUN OLD WESTBURY NY		2. NAME:	
CITY, ST., ZIP:		3. STREET ADDRESS:	
TITLE: D	NAME: BERNSTEIN, GENE M.	4. CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 39 THE OAKS ROSLYN NY		5. TITLE:	
CITY, ST., ZIP:		6. NAME:	
TITLE: SVPC	NAME: RIPP, PETER J.	7. STREET ADDRESS: 3 SHEPARD LN. MADISON NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3 SHEPARD LN. MADISON NJ		8. CITY, ST., ZIP:	
CITY, ST., ZIP:		9. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	NAME: MCCONAGHY, ELIZABETH A.	10. NAME: SV/CFO	
STREET ADDRESS: 29 ST. ANDREWS LANE GLEN COVE NY		11. STREET ADDRESS: Ripp, Peter J. 3 Shepard Lane Madison, NJ	
CITY, ST., ZIP:		12. CITY, ST., ZIP: V/S	
TITLE: SVCO	NAME: ACKELL, JOSEPH J. RY W.	13. NAME: McConaghy, Elizabeth A.	
STREET ADDRESS: 321 GRAND CENTRAL AVE. AMITYVILLE NY		14. STREET ADDRESS: 19 St. Andrews Lane Glen Cove, NY	
CITY, ST., ZIP:		15. CITY, ST., ZIP: SV/CLO	
TITLE: CC	NAME: LESSMANN, STEVEN A.	16. NAME: Ackell, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10 PIKE COURT NORTHPORT NY		17. STREET ADDRESS: 321 Grand Central Avenue Amityville, NY	
CITY, ST., ZIP:		18. CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19. TITLE:	
		20. NAME:	
		21. STREET ADDRESS:	
		22. CITY, ST., ZIP:	
		23. TITLE:	
		24. NAME:	
		25. STREET ADDRESS:	
		26. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth A. McConaghy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Elizabeth A. McConaghy**
Date: *2/15/96* 516/753-4221 Daytime Phone: _____

CR2E034 (12/95)