

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06885 (8)

1. Corporation Name
NORTHVILLE INDUSTRIES CORPORATION



Principal Place of Business 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7396	Mailing Address 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-0396
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1985	3a. Date of Last Report 02/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 11-1801730	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 85. Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JAY H.	1.2 NAME	
STREET ADDRESS	26 PHEASANT RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD WESTBURY NY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, GENE M.	2.2 NAME	
STREET ADDRESS	39 THE OAKS	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN NY	2.4 CITY-ST-ZIP	
TITLE	SVC <input type="checkbox"/> DELETE	3.1 TITLE	SVP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPP, PETER J.	3.2 NAME	Ripp, Peter J.
STREET ADDRESS	3 SHEPARD LN.	3.3 STREET ADDRESS	3 Shepard Lane
CITY-ST-ZIP	MADISON NJ,	3.4 CITY-ST-ZIP	Madison, NJ
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONAGHY, ELIZABETH A	4.2 NAME	McConaghy, Elizabeth A.
STREET ADDRESS	19 ST ANDREWS LANE	4.3 STREET ADDRESS	19 St. Andrews Lane
CITY-ST-ZIP	GLEN COVE NY	4.4 CITY-ST-ZIP	Glen Cove, NY
TITLE	SVCO <input type="checkbox"/> DELETE	5.1 TITLE	SVP/CLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKELL, JOSEPH J.R.Y.W.	5.2 NAME	Ackell, Joseph
STREET ADDRESS	321 GRAND CENTRAL AVE.	5.3 STREET ADDRESS	321 Grand Central Avenue
CITY-ST-ZIP	AMITYVILLE NY	5.4 CITY-ST-ZIP	Amityville, NY
TITLE	CC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSMANN, STEVEN A	6.2 NAME	
STREET ADDRESS	10 PIKE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ANN MCCONAGHY**

Date: **04/08/97** Daytime Phone: **516-753-4221**

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CR2E034 (9/96)