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FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90087 021 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06885

1. Corporation Name
NORTHVILLE INDUSTRIES CORPORATION

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	07/26/1985
4. FEI Number	11-1801730
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	29
25	30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, JAY H.	
STREET ADDRESS	26 PHEASANT RUN	
CITY-ST-ZIP	OLD WESTBURY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, GENE M.	
STREET ADDRESS	39 THE OAKS	
CITY-ST-ZIP	ROSLYN NY	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	RIPP, PETER J.	
STREET ADDRESS	3 SHEPARD LN.	
CITY-ST-ZIP	MADISON NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCCONAGHY, ELIZABETH A	
STREET ADDRESS	19 ST ANDREWS LANE	
CITY-ST-ZIP	GLEN COVE NY	
TITLE	CC	<input type="checkbox"/> DELETE
NAME	LESSMANN, STEVEN A	
STREET ADDRESS	10 PIKE COURT	
CITY-ST-ZIP	NORTHPORT NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	P.O. Box 715, Maryknoll Drive
3.4 CITY-ST-ZIP	New Vernon, NJ 07976
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ **04/01/99** **516-753-4221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ELIZABETH ANN MCCONAGHY Vice President & Secretary

CR2E034 (1/1/98)