

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:01**

DOCUMENT # 840065 (7)
1. Corporation Name
KARR, ELLIS & CO., INC.

Principal Place of Business Mailing Address
**ONE CROSS ISLAND PLAZA
LOWER LEVEL
ROSEDALE NY 11422
US**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business		2a. Mailing Address	
22. Suite, Apt. #, etc.	26	27. Suite, Apt. #, etc.	
23. City & State	28	29. City & State	
24. Zip	25. Country	30. Zip	31. Country

3. Date Incorporated or Qualified 02/21/1978	3a. Date of Last Report 02/18/1994
4. FEI Number 13-5173770	Applied For Not Applicable
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 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
**NEWSOME, ELOISE
2839 TEN ACRE ROAD
PANAMA CITY FL 32405**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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

10. Name and Address of New Registered Agent
FL _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	WHITE, WILLIAM
STREET ADDRESS	15 BEACON BLVD
CITY- ST- ZIP	KEANSBURG NJ
TITLE	P
NAME	DAILEY, JOHN
STREET ADDRESS	27 NEWPORT DR
CITY- ST- ZIP	PLAINVIEW, NY.
TITLE	VPS
NAME	WALSH, RAYMOND J
STREET ADDRESS	921 ARMAND ST
CITY- ST- ZIP	N BELLMORE NY
TITLE	VP
NAME	SCARCHILLI, GARY
STREET ADDRESS	259-49 149TH RD
CITY- ST- ZIP	ROSEDALE NY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify 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: *Raymond J. Walsh*
TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **RAYMOND J. WALSH**
DATE: **2/18/95**