

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **02/21/1978** 3a. Date of Last Report **02/14/1995**
4. FEI Number **13-5173770** 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 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**NEWSOME, ELOISE
2939 TEN ACRE ROAD
PANAMA CITY FL 32405**

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 Signature typed or printed (Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIAM	1.2 NAME	
STREET ADDRESS	-15 BEACON BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	KEANSBURG NJ	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JOHN	2.2 NAME	
STREET ADDRESS	27 NEWPORT DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	PLAINVIEW, NY.	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, RAYMOND J	3.2 NAME	
STREET ADDRESS	921 ARMAND ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	N BELLMORE NY	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARCHILLI, GARY	4.2 NAME	
STREET ADDRESS	259-49 149TH RD	4.3 STREET ADDRESS	646 DICKENS AVENUE
CITY- ST- ZIP	ROSEDALE NY	4.4 CITY- ST- ZIP	FRANKLINSQUARE NY 11010
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: *[Signature]* **President** 1/26/96 714-276-7440
Date Daytime Phone #

CR2E034 (12/95)