

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 # 857422 (0)

1. Corporation Name

MASTERCRAFT INDUSTRIES, INC. OF N.Y.



Principal Place of Business

777 SOUTH STREET
PO BOX 2310
NEWBURGH NY 12550

Mailing Address

777 SOUTH STREET
PO BOX 2310
NEWBURGH NY 12550-0606
US

3. Date Incorporated or Qualified

08/15/1983

3a. Date of Last Report

01/20/1995

4. FEI Number

13-1720036

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

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, STEPHEN
17500 NE 9TH AVE.
NORTH MIAMI BEACH FL 33162

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 officer 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 of Registered Agent (must be signed by the individual)

Signature of Registered Agent (must be signed by the individual)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
2. NAME	GOLDBERG, HOWARD	
3. STREET ADDRESS	4 CHADWICK PLACE	
4. CITY-STATE-ZIP	NEWBURGH, NY.	
5. TITLE	TD	☐ DELETE
6. NAME	GOLDBERG, HARRY	
7. STREET ADDRESS	18 JEFFREY PLACE	
8. CITY-STATE-ZIP	MONSEY NY	
9. TITLE	SD	☐ DELETE
10. NAME	GOLDBERG, DINAH	
11. STREET ADDRESS	18 JEFFREY PL.	
12. CITY-STATE-ZIP	MONSEY NY	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

1. TITLE	PD	☐ Change ☒ Addition
2. NAME	GOLDBERG, HOWARD	
3. STREET ADDRESS	4 CHADWICK PLACE	
4. CITY-STATE-ZIP	NEWBURGH, NY 12550	
5. TITLE	TD	☐ Change ☒ Addition
6. NAME	GOLDBERG, HARRY	
7. STREET ADDRESS	18 JEFFREY PLACE	
8. CITY-STATE-ZIP	MONSEY, NY 10952-2703	
9. TITLE	SD	☐ Change ☒ Addition
10. NAME	GOLDBERG, DINAH	
11. STREET ADDRESS	18 JEFFREY PLACE	
12. CITY-STATE-ZIP	MONSEY, NY 10952-2703	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-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: HOWARD GOLDBERG-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-96

Date

914-565-8850

Daytime Phone #

CR2E034 (12/95)