

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
01/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

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

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

Signature of Registered Agent or Registered Agent and then applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, HOWARD	
STREET ADDRESS	4 CHADWICK PLACE	
CITY-ST-ZIP	NEWBURGH, NY.	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, HARRY	
STREET ADDRESS	18 JEFFREY PLACE	
CITY-ST-ZIP	MONSEY NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, DINAH	
STREET ADDRESS	18 JEFFREY PL.	
CITY-ST-ZIP	MONSEY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOLDBERG, HOWARD	
1.3 STREET ADDRESS	4 CHADWICK PLACE	
1.4 CITY-ST-ZIP	NEWBURGH, NY 12550	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOLDBERG, HARRY	
2.3 STREET ADDRESS	18 JEFFREY PLACE	
2.4 CITY-ST-ZIP	MONSEY, NY 10952-2703	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOLDBERG, DINAH	
3.3 STREET ADDRESS	18 JEFFREY PLACE	
3.4 CITY-ST-ZIP	MONSEY, NY 10952-2703	
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 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, or on an attachment with an address.

SIGNATURE: HOWARD GOLDBERG - PRESIDENT

01-13-97

914-565-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0498126

CR2E034 (9/96)