

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 JUL 16 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/15/1983	4. FEI Number 13-1720036	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	000002595460-3 -07/22/98--01065--007
84 City	***150.00 FL ***150.00

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

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		

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 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.

SIGNATURE **HOWARD GOLDBERG - PRESIDENT**

01-16-98 914-565-8850

0116046

CR2E034 (5/98)