

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 004 ***150.00

DOCUMENT # 857422

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**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1983

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 owes the current year Intangible

Personal Property Tax.

☐ 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 **GOLDBERG, STEPHEN**

82 Street Address (P.O. Box Number is Not Acceptable)
3337 HOLLYWOOD OAKS DRIVE

83

84 City **FORT LAUDERDALE**

FL

85 Zip Code
33312

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** ☐ DELETE
NAME **GOLDBERG, HOWARD**
STREET ADDRESS **4 CHADWICK PLACE**
CITY-ST-ZIP **NEWBURGH NY 12550**

TITLE **TD** ☐ DELETE
NAME **GOLDBERG, HARRY**
STREET ADDRESS **18 JEFFREY PLACE**
CITY-ST-ZIP **MONSEY NY 10952-2703**

TITLE **SD** ☐ DELETE
NAME **GOLDBERG, DINAH**
STREET ADDRESS **18 JEFFREY PL.**
CITY-ST-ZIP **MONSEY NY 10952-2703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

HOWARD GOLDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 09, 1999

Date

914-565-8850

Daytime Phone #

CR2E034 (11/98)

0546614