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

CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:41

DOCUMENT # **F94000004773 (7)**

1. Corporation Name
**STEINGART WOODCRAFTERS INC.**

Principal Place of Business
2661 E. 65TH ST.
BROOKLYN NY 11234

Mailing Address
2661 E. 65TH ST
BROOKLYN NY 11234

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 09/15/1994
3a. Date Filed Report:

2. Principal Place of Business
21 538 WORTMAN AVE
Suite, Apt. # etc.
22
City & State
23 BROOKLYN, NY
Zip 24 11208
Country 25 USA

2a. Mailing Address
26 14033 MANDARIN OAKS LANE
Suite, Apt. # etc.
27
City & State
28 JACKSONVILLE, FL
Zip 29 32223
Country 30

4. FEI Number
11-2344780
Applied For
Not Applicable

5. Certificate of Status (Issues) [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Has corporation been liable for unemployment tax under Ch. 443 Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
NUSSBAUM, WILLIAM
1851 EXECUTIVE CENTER DR.
SUITE 102
JACKSONVILLE FL 32207

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1. TITLE | [ ] Change [ ] Add |
| NAME | STEINGART, ARTHUR | 1. NAME | |
| STREET ADDRESS | 2661 E. 65TH ST. | 1. STREET ADDRESS | |
| CITY ST ZIP | BROOKLYN NY 11234 | 1. CITY ST ZIP | |
| TITLE | V | 2. TITLE | [X] Change [ ] Add |
| NAME | STEINGART, SARA | 2. NAME | |
| STREET ADDRESS | 2661 E. 65TH ST. | 2. STREET ADDRESS | 14033 MANDARIN OAKS LANE |
| CITY ST ZIP | BROOKLYN NY 11234 | 2. CITY ST ZIP | JACKSONVILLE, FL 32223 |
| TITLE | | 3. TITLE | [ ] Change [ ] Add |
| NAME | | 3. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY ST ZIP | | 3. CITY ST ZIP | |
| TITLE | | 4. TITLE | [ ] Change [ ] Add |
| NAME | | 4. NAME | |
| STREET ADDRESS | | 4. STREET ADDRESS | |
| CITY ST ZIP | | 4. CITY ST ZIP | |
| TITLE | | 5. TITLE | [ ] Change [ ] Add |
| NAME | | 5. NAME | |
| STREET ADDRESS | | 5. STREET ADDRESS | |
| CITY ST ZIP | | 5. CITY ST ZIP | |
| TITLE | | 6. TITLE | [ ] Change [ ] Add |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 6. STREET ADDRESS | |
| CITY ST ZIP | | 6. CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is accurate, complete and 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 is added in Block 13 with an address.

**SIGNATURE:** 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

0476380 FP