

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:26

DOCUMENT # P06885 (8)

1. Corporation Name
NORTHVILLE INDUSTRIES CORPORATION

Principal Place of Business Mailing Address
**25 MELVILLE PARK RD.
P.O. BOX 2937
MELVILLE NY 11747-7399**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/26/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **11-1801730** 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (print or typed name of registered agent and the applicable date) 201E Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

1101 NAME	CD BERNSTEIN, JAY H. 26 PHEASANT RUN OLD WESTBURY NY
1102 NAME	PD BERNSTEIN, GENE M. 39 THE OAKS ROSLYN NY
1103 NAME	V RIPP, PETER J. 3 SHEPARD LN. MADISON NJ
1104 NAME	S MCCONAGHY, ELIZABETH A 79 W 12TH STREET NEW YORK NY
1105 NAME	SV ACKELL, JOSEPH J.RY W. 321 GRAND CENTRAL AVE. AMITYVILLE NY
1106 NAME	CC LESSMANN, STEVEN A 10 PIKE COURT NORTHPORT NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1101 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME	Jay H. Bernstein	
1103 STREET ADDRESS	26 Pheasant Run	
1104 CITY-ST-ZIP	Old Westbury, New York	
2101 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2102 NAME	Gene M. Bernstein	
2103 STREET ADDRESS	39 The Oaks	
2104 CITY-ST-ZIP	Roslyn, New York	
3101 TITLE	SVP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3102 NAME	Peter J. Ripp	
3103 STREET ADDRESS	3 Shepard Lane	
3104 CITY-ST-ZIP	Madison, New Jersey	
4101 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4102 NAME	Elizabeth Ann McGonhy	
4103 STREET ADDRESS	29 St. Andrews Lane	
4104 CITY-ST-ZIP	Glen Cove, New York	
5101 TITLE	SV/CLO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5102 NAME	Joseph J. Ackell	
5103 STREET ADDRESS	321 Grand Central Avenue	
5104 CITY-ST-ZIP	Amityville, New York	
6101 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6102 NAME		
6103 STREET ADDRESS		
6104 CITY-ST-ZIP		

14. I 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)(b), 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: *Elizabeth Ann McGonhy* 3/10/95 (516) 753-4221
SIGNATURE AND TYPE IN PRINTED NAME OF BOARD OFFICER OR DIRECTOR