

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06885 (8)

1. Corporation Name
NORTHVILLE INDUSTRIES CORPORATION



Principal Place of Business 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398	Mailing Address 25 MELVILLE PARK RD. P.O. BOX 2937 MELVILLE NY 11747-7398
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1985	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number 11-1801730	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 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
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD BERNSTEIN, JAY H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26 PHEASANT RUN	1.2 NAME	
STREET ADDRESS	OLD WESTBURY NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BERNSTEIN, GENE M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	39 THE OAKS	2.2 NAME	
STREET ADDRESS	ROSLYN NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPCF RIPP, PETER J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 SHEPARD LN.	3.2 NAME	
STREET ADDRESS	MADISON NJ	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VS MCCONAGHY, ELIZABETH A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 ST ANDREWS LANE	4.2 NAME	
STREET ADDRESS	GLEN COVE NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SVC0 ACKELL, JOSEPH J.RY W.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	321 GRAND CENTRAL AVE.	5.2 NAME	DECEASED: 11/25/97
STREET ADDRESS	AMITYVILLE NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CC LESSMANN, STEVEN A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 PIKE COURT	6.2 NAME	
STREET ADDRESS	NORTHPORT NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]* 02/06/98 516-753-4221

CR2E034 (10/97)