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 MAR 14 AM 10:15

DOCUMENT # P40470 (7)

1. Corporation Name
SOUTHERN INDUSTRIES OF OF CLOVER LIMITED, INC.

Principal Place of Business	Mailing Address
401 S. MAIN ST. CLOVER SC 29710	1745 WILLIAMSBRIDGE RD. BRONX NY 10461-6203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 Same as Above
22 State, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same as Above
27 State, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 57-0816682 ☐ 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 intangibles tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEIL, MURRAY B., JR.
1666 79TH STREET CAUSEWAY
STE. 608
MIAMI BCH. FL 33141

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 607.1108, 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: _____ DATE
(If changing Registered Agent, Signature of New Registered Agent required above) (If not changing Registered Agent, Signature of Registered Agent required above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	KRYGER, LAWRENCE	12 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10461	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	TRACHTENBERG, BERNIE	22 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10461	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	TRACHTENBERG, BERNIE	32 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10461	34 CITY-ST-ZIP	
TITLE	SDT	41 TITLE	☐ Change ☐ Addition
NAME	NOVICK, DAVID	42 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10461	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information indicated with this filing is absolutely furnished 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 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 13 above, or on an attachment with an address.

SIGNATURE: Lawrence Kryger 2/28/95 305 863 9[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0484360 FYI