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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P40470** **(7)**

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

Principal Place of Business
401 S. MAIN ST.
CLOVER SC 29710
US

Mailing Address
1745 WILLIAMSBRIDGE RD.
BRONX NY 10461-6203

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 02/15/1996
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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

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 607.1508, 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

TITLE	CDP	☐ DELETE
NAME	KRYGER, LAWRENCE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	
CITY-ST-ZIP	BRONX NY 10461	
TITLE	VCD	☐ DELETE
NAME	TRACHTENBERG, BERNIE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	
CITY-ST-ZIP	BRONX NY 10461	
TITLE	VP	☐ DELETE
NAME	TRACHTENBERG, BERNIE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	
CITY-ST-ZIP	BRONX NY 10461	
TITLE	SDT	☐ DELETE
NAME	NOVICK, DAVID	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	
CITY-ST-ZIP	BRONX NY 10461	
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Pres. 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0497801