

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 APR -6 AM 9: 30

DOCUMENT # 479587 (8)

1. Corporation Name
MAJESTIC KIMBERLY, INC.

Principal Place of Business Mailing Address
**60 CUTTER MILL ROAD 60 CUTTER MILL ROAD
SUITE 300 SUITE 300
GREAT NECK NY 11021 GREAT NECK NY 11021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/25/1975 05/01/1994

4. FEI Number Applied For
59-1608115 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 26

22 Suite, Apt. #, etc. Suite, Apt. #, etc.

23 City & State City & State

24 Zip Country 29 30

9. Name and Address of Current Registered Agent

**RESSLER, NATE F.
2851 S. OCEAN BLVD
BOCA RATON FL 33432**

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

FL

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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOULD, JAY
STREET ADDRESS	60 CUTTER MILL RD
CITY - ST - ZIP	GREAT NECK, NY 00000
TITLE	PT
NAME	RESSLER, NATE F
STREET ADDRESS	2851 S OCEAN BLVD
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	S
NAME	RESSLER, ANNE
STREET ADDRESS	2851 S OCEAN BLVD
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	V
NAME	KALISH, DAVID
STREET ADDRESS	60 CUTTER HILL ROAD
CITY - ST - ZIP	GREAT NECK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: _____ **DATE:** **3/28/95**