

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:01**

DOCUMENT # 840065 (7)
1. Corporation Name
KARR, ELLIS & CO., INC.

Principal Place of Business Mailing Address
**ONE CROSS ISLAND PLAZA
LOWER LEVEL
ROSEDALE NY 11422
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26
22 City & State 27
23 Zip Country 28
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/21/1978 02/10/1994
4. FEI Number Applied For
13-5173770 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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NEWSOME, ELOISE
2039 TEN ACRE ROAD
PANAMA CITY FL 32405**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent designation requires when necessary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIAM	1.2 NAME	
STREET ADDRESS	15 BEACON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEANSBURG NJ	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JOHN	2.2 NAME	
STREET ADDRESS	27 NEWPORT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW, NY.	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, RAYMOND J	3.2 NAME	
STREET ADDRESS	921 ARMAND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N BELLMORE NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARCHILLI, GARY	4.2 NAME	
STREET ADDRESS	259-49 149TH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEDALE NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), Florida Statutes. I further certify 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:

Raymond J. Walsh
RAYMOND J. WALSH, VP
718-226-7440