FILE NOW: FILING FEE AFTER MAY 1 IS $550.0

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P38463** **(6)**

1. Corporate Name
AUSTIN VERITY & SON, INC.

Principal Place of Business
3685 MERRICK RD.
SEAFORD NY 11783

Mailing Address
3685 MERRICK RD.
SEAFORD NY 11783-2810

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

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

3. Date Incorporated or Qualified: **04/20/1992**
3a. Date of Last Report: **03/13/1996**
4. FEI Number: **11-1709013** ☐ 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

9. Name and Address of Current Registered Agent
VERITY, AUSTIN W., JR.
300 INTRACOASTAL PLACE
APARTMENT 308
TEQUESTA FL 33469

10. Name and Address of New Registered Agent
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 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] 3/4/97
(If changing registered agent, signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MAFFUCCI, MICHAEL**
STREET ADDRESS **132 IVY ST.**
CITY-ST-ZIP **OYSTER BAY NY**
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 T
12 N
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 T
22 N
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 T
32 N
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 T
42 N
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 T
52 N
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54 CITY-ST-ZIP
☐ Change ☐ Addition

61 T
62 N
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (9/96)

14. I declare 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: [signature] 3/27/97 516-785-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #