

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
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.
CLOVERSC 29710** **1745 WILLIAMSBRIDGE RD.
BRONX NY 10461-6200**

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business 2a. Mailing Address
21 Same as Above **26 Same as Above**

4. FEI Number Applied For
57-0816682 Not Applicable

22 State Apt. #, etc 27 State Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under S. 109.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEIL, MURRAY B., JR.
1668 79TH STREET CAUSEWAY
STE. 608
MIAMI BCH. FL 33141**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	KRYGER, LAWRENCE
STREET ADDRESS	1745 WILLIAMSBRIDGE RD. BRONX NY 10461
CITY & STATE	
TITLE	VCD
NAME	TRACHTENBERG, BERNIE
STREET ADDRESS	1745 WILLIAMSBRIDGE RD. BRONX NY 10461
CITY & STATE	
TITLE	VP
NAME	TRACHTENBERG, BERNIE
STREET ADDRESS	1745 WILLIAMSBRIDGE RD. BRONX NY 10461
CITY & STATE	
TITLE	SDT
NAME	NOVICK, DAVID
STREET ADDRESS	1745 WILLIAMSBRIDGE RD. BRONX NY 10461
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information furnished 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 the information included in 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 the Schedule of Changes filed as an attachment with an address:

SIGNATURE: *[Signature]* **LAWRENCE KRYGER** 2/28/95 718 863 9100
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE TELEPHONE NUMBER