

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1992	03/14/1995
4. FEI Number	Applied For / Not Applicable
57-0816682	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEIL, MURRAY B., JR. 1666 79TH STREET CAUSEWAY STE. 608 MIAMI BCH. FL 33141		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 607.0702 and 607.1506, 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 607.0705, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CDP KRYGER, LAWRENCE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	2. NAME	
CITY, ST., ZIP	BRONX NY 10461	3. STREET ADDRESS	
TITLE	VCD	4. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHTENBERG, BERNIE	5. TITLE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST., ZIP	BRONX NY 10461	7. STREET ADDRESS	
TITLE	VP	8. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHTENBERG, BERNIE	9. TITLE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST., ZIP	BRONX NY 10461	11. STREET ADDRESS	
TITLE	SDT	12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, DAVID	13. TITLE	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST., ZIP	BRONX NY 10461	15. STREET ADDRESS	
TITLE		16. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. TITLE	
STREET ADDRESS		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST., ZIP		19. STREET ADDRESS	
TITLE		20. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the holder of a trust or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 13 or changes listed on any Attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: 2/9/96

CR2E084 (12/95)