

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 21 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 # 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**

3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 02/15/1996
4. FEI Number 57-0816682	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	

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. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**WEIL, MURRAY B., JR.
1868 79TH STREET CAUSEWAY
STE. 608
MIAMI BCH. FL 33141**

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

11. Pursuant to the provisions of Sections 607 (5)(2) and 607 (5)(5) 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 of the individual officer or director (if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRYGER, LAWRENCE	1.2 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	1.3 STREET ADDRESS	
CITY, ST., ZIP	BRONX NY 10461	1.4 CITY, ST., ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHTENBERG, BERNIE	2.2 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	2.3 STREET ADDRESS	
CITY, ST., ZIP	BRONX NY 10461	2.4 CITY, ST., ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHTENBERG, BERNIE	3.2 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	3.3 STREET ADDRESS	
CITY, ST., ZIP	BRONX NY 10461	3.4 CITY, ST., ZIP	
TITLE	SDT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, DAVID	4.2 NAME	
STREET ADDRESS	1745 WILLIAMSBRIDGE RD.	4.3 STREET ADDRESS	
CITY, ST., ZIP	BRONX NY 10461	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	

1.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		5.2 NAME	
1.3 STREET ADDRESS		5.3 STREET ADDRESS	
1.4 CITY, ST., ZIP		5.4 CITY, ST., ZIP	
2.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		6.2 NAME	
2.3 STREET ADDRESS		6.3 STREET ADDRESS	
2.4 CITY, ST., ZIP		6.4 CITY, ST., ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	6.5 STREET ADDRESS	
3.2 NAME		6.6 CITY, ST., ZIP	
3.3 STREET ADDRESS			
3.4 CITY, ST., ZIP			
4.1 TITLE	<input type="checkbox"/> DELETE		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST., ZIP			
5.1 TITLE	<input type="checkbox"/> DELETE		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST., ZIP			
6.1 TITLE	<input type="checkbox"/> DELETE		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST., ZIP			

14. I do hereby certify 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 contained 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 1, 2 or Block 1, 2, 3 of the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Date: 3/12/97

CR2E034 (9/96)