

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P08691 (8)

1. Corporation Name  
**COLMAN & HIRSCHMANN INC.**



Principal Place of Business: 200 FIFTH AVE, NEW YORK NY 10010  
Mailing Address: 127 CUTTER MILL ROAD, GREAT NECK NY 11021 US

3. Date Incorporated or Qualified: 01/14/1986  
3a. Date of Last Report: 03/14/1995

2. Principal Place of Business

21. 127 CUTTER MILL ROAD

2a. Mailing Address

26. [Blank]

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23. GREAT NECK, NY

27. City & State

28. [Blank]

24. Zip

24. 11021

Country

25. NASSAU

Zip

29. [Blank]

Country

30. [Blank]

4. FEI Number: 13-5631245  
Applied For: [Blank]  
Not Applicable: [Blank]

5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. [Blank]  
84. City  
85. Zip Code: FL

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 heretby 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 signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	HIRSCHMANN, HOWARD /ASST	
STREET ADDRESS	14 RIDGE DR. E.	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSCHMANN, HOWARD	
STREET ADDRESS	14 RIDGE DR. E.	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HIMES, RAYMOND	
STREET ADDRESS	2338 BANYAN BLVD CIR, NW	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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: Howard Hirsch President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96  
DATE

516 487 0400  
TELEPHONE #

CR2E034 (12/95)