

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24281** (8)
1. Corporation Name
J. FLETCHER CREAMER & SON, INC.



Principal Place of Business 101 E BROADWAY HACKENSACK NJ 07801	Mailing Address 101 E BROADWAY HACKENSACK NJ 07801-6832
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3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Country	25 Country
29 Country	30 Country

4. FEI Number 21-0665029	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CREAMER, DALE A	
STREET ADDRESS	37 E. SADDLE RIVER ROAD	
CITY-ST-ZIP	SADDLE RIVER NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CREAMER, GLENN L	
STREET ADDRESS	8 ARROWHEAD CT	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHEETZ, ROBERT M.	
STREET ADDRESS	237 ATISON RD	
CITY-ST-ZIP	MEDFORD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREAMER, J. FLETCHER, JR	
STREET ADDRESS	49 E. SADDLE RIVER ROAD	
CITY-ST-ZIP	SADDLE RIVER NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUPPA, ANTHONY C	
STREET ADDRESS	21 TELFORD LANE	
CITY-ST-ZIP	MOUNT LAUREL NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARAFINO, ESTELLE R	
STREET ADDRESS	41 VAN ORDEN RD	
CITY-ST-ZIP	HARRINGTON PARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	631 PALISADE AVE	
1.4 CITY-ST-ZIP	CLIFFSIDE PARK NJ 07010	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" 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	S	<input checked="" 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 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 of the same 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: *J. Fletcher Creamer Jr.* J. FLETCHER CREAMER JR. 4/24/97 (201) 488-9800
DATE: 4/24/97 DAYTIME PHONE: 201-488-9800

CR2E034 (9/96)