

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 # **F93000001212 (0)**
1. Corporation Name
HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION



Principal Place of Business
**2060 FAIRFAX AVE.
CHERRY HILL NJ 08003**

Mailing Address
**2060 FAIRFAX AVE.
CHERRY HILL NJ 08003**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 01/31/1995
21	555 LINCOLN DRIVE WEST	26	555 LINCOLN DRIVE WEST	4. FEI Number 22-2759643	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State MARLTON NJ		City & State MARLTON NJ		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip 08053	25	Country USA	29	Zip NJ 08053
		30	Country USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SINGH, KRISHNA P DR. 230 NORMANDY CIRCLE F PALM HARBOR FL 34683				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				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 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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, KRISHNA P DR.	1.2 NAME	
STREET ADDRESS	230 NORMANDY CIRCLE, E	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLER, ALAN I DR.	2.2 NAME	
STREET ADDRESS	1282 CHARLESTON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08034	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLER, ALAN I DR.	3.2 NAME	
STREET ADDRESS	1282 CHARLESTON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08034	3.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, MARTHA J MS.	4.2 NAME	
STREET ADDRESS	230 NORMANDY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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: Martha J. Singh **MARTHA J. Singh** 4/19/96 609-797-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In/e Phone #

CR2E034 (12/95)