


FILED
Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001212
 1. Corporation Name
HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION



Principal Place of Business 555 LINCOLN DRIVE WEST MARLTON NJ 08053 US	Mailing Address 555 LINCOLN DRIVE WEST MARLTON NJ 08053 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1993	4. FEI Number 22-2759643	Applied For Not Applicable	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26	27	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
21		22		23		24	

9. Name and Address of Current Registered Agent SINGH, KRISHNA P DR. 230 NORMANDY CIRCLE F PALM HARBOR FL 34683				10. Name and Address of New Registered Agent			
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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reestablishing)

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 checked="" type="checkbox"/> DELETE	4.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, MARTHA J MS.		4.2 NAME	Bongrazio, Frank	
STREET ADDRESS	230 NORMANDY CIRCLE		4.3 STREET ADDRESS	34 Holly Park Dr.	
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Tabernacle, NJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	08088	
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 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 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, with all other like empowered.

SIGNATURE: FRANK BONGRAZIO V.P. FRANK BONGRAZIO 1/5/99 609-797-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)