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Mar 24 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 # F93000000713 (8)

1. Corporation Name

HERBERT ABRAMS COMPANY, INC.

Principal Place of Business

Mailing Address

1655 IMPERIAL WAY  
THOROFARE NJ 08066

1655 IMPERIAL WAY  
THOROFARE NJ 08066



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

03/18/1996

4. FEI Number

23-1673998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

THOMAS, DOUGLAS  
4960 E. LAKE LAND COMMERCE PARKWAY  
LAKE LAND FL 33806

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

Signature of Corporation (Name of agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 TITLE: P</p> <p>12.2 NAME: ABRAMS, HERBERT</p> <p>12.3 STREET ADDRESS: 13795 LABATEAU LANE</p> <p>12.4 CITY-ST-ZIP: PALM BEACH GARDENS FL 33410</p> <p>12.5 TITLE: S</p> <p>12.6 NAME: ABRAMS, MONA</p> <p>12.7 STREET ADDRESS: 412 FAWN HILL LANE</p> <p>12.8 CITY-ST-ZIP: NARBERTH PA 19072</p> <p>12.9 TITLE: T</p> <p>12.10 NAME: GOTTLIEB, SIDNEY</p> <p>12.11 STREET ADDRESS: 1919 CHESTNUT STREET</p> <p>12.12 CITY-ST-ZIP: PHILADELPHIA PA 19102</p> <p>12.13 TITLE: [DELETE]</p> <p>12.14 NAME: [DELETE]</p> <p>12.15 STREET ADDRESS: [DELETE]</p> <p>12.16 CITY-ST-ZIP: [DELETE]</p> <p>12.17 TITLE: [DELETE]</p> <p>12.18 NAME: [DELETE]</p> <p>12.19 STREET ADDRESS: [DELETE]</p> <p>12.20 CITY-ST-ZIP: [DELETE]</p>	<p>13.1 TITLE: [CHANGE] [ADDITION]</p> <p>13.2 NAME: [CHANGE] [ADDITION]</p> <p>13.3 STREET ADDRESS: [CHANGE] [ADDITION]</p> <p>13.4 CITY-ST-ZIP: [CHANGE] [ADDITION]</p> <p>13.5 TITLE: [CHANGE] [ADDITION]</p> <p>13.6 NAME: [CHANGE] [ADDITION]</p> <p>13.7 STREET ADDRESS: [CHANGE] [ADDITION]</p> <p>13.8 CITY-ST-ZIP: [CHANGE] [ADDITION]</p> <p>13.9 TITLE: [CHANGE] [ADDITION]</p> <p>13.10 NAME: [CHANGE] [ADDITION]</p> <p>13.11 STREET ADDRESS: [CHANGE] [ADDITION]</p> <p>13.12 CITY-ST-ZIP: [CHANGE] [ADDITION]</p> <p>13.13 TITLE: [CHANGE] [ADDITION]</p> <p>13.14 NAME: [CHANGE] [ADDITION]</p> <p>13.15 STREET ADDRESS: [CHANGE] [ADDITION]</p> <p>13.16 CITY-ST-ZIP: [CHANGE] [ADDITION]</p>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)