

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

FILED
Apr 04, 1996 08:00 AM
Secretary of State



DOCUMENT # **F99352 (9)**
1. Corporation Name
HOLMAN IMPORTS, INC.

Principal Place of Business: **200 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304**
Mailing Address: **200 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/14/1982**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2226613**
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

9. Name and Address of Current Registered Agent
PARENT, L.E.
911 NE 2ND AVE
FT. LAUDERDALE FL 33338

10. Name and Address of New Registered Agent
81 Name: **REIF, D.S.**
82 Street Address (P.O. Box Number is Not Acceptable): **(SAME)**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: **D.S. REIF, President** *[Signature]*
Signature, typed or printed name of registered agent and, if applicable, date of registration of agent's signature required under Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	DCM	<input type="checkbox"/> DELETE
NAME	HOLMAN, J S	
STREET ADDRESS	911 N E 2ND AVE	
CITY- ST- ZIP	FT LAUDERDALE, FL 00000 33304	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARENT, L E	
STREET ADDRESS	911 N E 2ND AVE	
CITY- ST- ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARLOWE, D. B.	
STREET ADDRESS	19307 SABAL LAKE	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STUMER, S. M.	
STREET ADDRESS	4400 SW 70TH TERRACE	
CITY- ST- ZIP	DAVE FL 33314	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	COPPOLA, K.T.	
STREET ADDRESS	911 NE 2ND AVE.	
CITY- ST- ZIP	FT. LAUDERDALE FL 33304	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDREOLA, K.T.	
STREET ADDRESS	911 NE 2ND AVE.	
CITY- ST- ZIP	FT. LAUDERDALE FL 33304	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	REIF, D.S.
23 STREET ADDRESS	911 NE 2ND AVE
24 CITY- ST- ZIP	FT LAUDERDALE, FL 33304
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VD
33 STREET ADDRESS	DUECKER, J.S.
34 CITY- ST- ZIP	520 MULBERRY LN
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500001769205
63 STREET ADDRESS	-04/04/96--01048--010
64 CITY- ST- ZIP	***200.00

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: *[Signature]* **STEVEN M. STUMER 2/14/96 9545233662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Type) Phone #

CR2E034 (12/95)