

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 03, 1998 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/14/1982

4. FEI Number  
59-2226613

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 911 NE 2ND AVE.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 911 NE 2ND AVE.  
Suite, Apt. #, etc.

22 City & State  
23 FT LAUDERDALE FL

27 City & State  
28 FT LAUDERDALE FL

24 Zip 33304 25 Country USA

29 Zip 33304 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIF, DANIEL S  
911 N.E. SECOND AVE.  
FT. LAUDERDALE FL 33304

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, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCM  
NAME HOLMAN, J S  
STREET ADDRESS 911 N E 2ND AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE DS  
NAME REIF, D.S.  
STREET ADDRESS 911 N E 2ND AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE VD  
NAME DUECKER, J.S.  
STREET ADDRESS 520 MULBERRY LANE  
CITY-ST-ZIP DAVIE FL

TITLE ST  
NAME STUMER, S. M.  
STREET ADDRESS 4400 SW 70TH TERRACE  
CITY-ST-ZIP DAVIE FL 33314

TITLE ASAT  
NAME COPPOLA, K.T.  
STREET ADDRESS 911 NE 2ND AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE AS  
NAME ANDREOLA, K.T.  
STREET ADDRESS 911 NE 2ND AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Signature of Daniel S. Reif

Signature of Steve Stumer, Sec/Treas. 5/28/98

954-527 3800

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