

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	911 NE 2ND AVE	26	911 NE 2ND AVE	09/14/1982	
22. Suite, Apt #, etc		27. Suite, Apt #, etc.		4. FEI Number	
				59-2226613	
23. City & State		28. City & State		5. Certificate of Status Desired	
FT LAUDERDALE FL		FT LAUDERDALE FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	
33304		33304		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*
Signature typed or printed name of registered agent (and time 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOLMAN, J S		1.2 NAME				
STREET ADDRESS	911 N E 2ND AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REIF, D.S.		2.2 NAME				
STREET ADDRESS	911 N E 2ND AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUECKER, J.S.		3.2 NAME				
STREET ADDRESS	520 MULBERRY LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STUMER, S. M.		4.2 NAME				
STREET ADDRESS	4400 SW 70TH TERRACE		4.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33314		4.4 CITY-ST-ZIP				
TITLE	ASAT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COPPOLA, K.T.		5.2 NAME				
STREET ADDRESS	911 NE 2ND AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANDREOLA, K.T.		6.2 NAME				
STREET ADDRESS	911 NE 2ND AVE.		6.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		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]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*
 STEVE STUMER SEC/TREAS. 5/28/98 954-527 3800

CR2E034 (10/97)