

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # P08360 (0)

1. Corporation Name
HOLMAN ENTERPRISES, INC.



Principal Place of Business: **7411 MAPLE AVE. R.O. BOX 1400 PENNSAUKEN NJ 08109**
Mailing Address: **7411 MAPLE AVE. P.O. BOX 1400 PENNSAUKEN NJ 08109**

2. Principal Place of Business: **21 7411 MAPLE AVENUE**
Suite, Apt. #, etc.
22
City & State: **23 PENNSAUKEN, NJ**
Zip: **24 08109** Country: **25**
2a. Mailing Address: **26 7411 MAPLE AVENUE**
Suite, Apt. #, etc.
27
City & State: **28 PENNSAUKEN, NJ**
Zip: **29 08109** Country: **30**

3. Date Incorporated or Qualified: **12/10/1985** 3a. Date of Last Report: **02/01/1995**
4. FEI Number: **21-0610247** 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

9. Name and Address of Current Registered Agent

PARENT, L. E.
911 N.E. SECOND AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: D. S. REIF
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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title (if any other).

(NOTE: Registered Agent Signature Required when not of Firm)

3/11/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLMAN, J. S.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARENT, L. E.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	KOLB, J.W.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERRINGTON, H. H.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	COPPOLA, K.T.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDREOLA, A. V.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	V REIF, D. S.
23 STREET ADDRESS	7411 MAPLE AVENUE
24 CITY-ST-ZIP	PENNSAUKEN, NJ 08109
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VC/P/D
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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	400001749304
53 STREET ADDRESS	-03/19/96--01075--033
54 CITY-ST-ZIP	**200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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]* **K. T. COPPOLA, VICE PRES FINANCE** **2/20/96** **609-663-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE FILED DAY AND PHONE #

CR2E034 (12/95)

P 08360 Pg. 2

HOLMAN ENTERPRISES

DIRECTORS & OFFICERS

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Director</u>
J. S. Holman 151-14-2649	7411 Maple Ave. Pennsauken, NJ 08109	Chairman of the Board	X
J. P. Holman 140-20-2989	"		X
J. W. Kolb 160-24-7146	"	Vice Chairman of the Board/ President	X
M. K. Holman 157-64-6157	"	Vice Chairman	X
D. S. Reif 143-42-1174	"	Vice President	
H. H. Herrington 076-38-0543	"	Vice President	
F. J. Lepore 174-32-1049	"	Vice President	
K. T. Coppola 149-38-9572	"	Vice President - Finance/Asst. Sec./ Treasurer	
A. V. Andreola 182-26-7923	"	Secretary	
K. A. Mullin 140-46-9549	"	Asst. Secretary	X