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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P08360 (0)

1. Corporation Name
HOLMAN ENTERPRISES, INC.



Principal Place of Business: **7411 MAPLE AVE. PENNSAUKEN NJ 08109**

Mailing Address: **7411 MAPLE AVE. PENNSAUKEN NJ 08109-2946**

3. Date Incorporated or Qualified: **12/10/1985**

3a. Date of Last Report: **03/19/1996**

4. FEI Number: **21-0610247**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, J. S.	1.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIF, D.S.	2.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	2.4 CITY- ST- ZIP	
TITLE	VCPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, J.W.	3.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRINGTON, H. H.	4.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	4.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	4.4 CITY- ST- ZIP	
TITLE	VAST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, K.T.	5.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	5.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREOLA, A. V.	6.2 NAME	
STREET ADDRESS	7411 MAPLE AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	6.4 CITY- ST- ZIP	

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:  **K. T. COPPOLA, VICE-PRES FINANCE** **JAN 21, 1997** 609-663-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)

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