

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/10/1985	
4. FEI Number 21-0610247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation <u>owes</u> or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) 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	V	<input type="checkbox"/> DELETE
NAME	REIF, D.S.	
STREET ADDRESS	7411 MAPLE AVENUE	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	VCPD	<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Handwritten Signature]* **1/30/98** **609-663-5200**

CR2E034 (10/97)