

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

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**95 APR 25 AM 10:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P11332 (4)**

**1. Corporation Name  
J. FLETCHER CREAMER & SON, INC.**

**Principal Place of Business Mailing Address  
101 EAST BROADWAY 101 EAST BROADWAY  
HACKENSACK NJ 07601 HACKENSACK NJ 07601**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 09/05/1986 3a. Date of Last Report 03/01/1994**

**4. FEI Number 22-0844777 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**

**7. 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 **29** Country **30** Country

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**  
**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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>CD</b>	<b>1. 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CREAMER, J. FLETCHER</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>37 E. SADDLE RIVER RD</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SADDLE RIVER NJ</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CREAMER, J. FLETCHER JR.</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>49 E SADDLE RIVER RD</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SADDLE RIVER NJ</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>V</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CAMMARATA, ANTHONY J</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>4 OLDCHESTER RD</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CALDWELL NJ</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CREAMER, GLENN L.</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>8 ARROWHEAD CT</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>RAMSEY NJ</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MARAFINO, ESTELLE R.</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>41 VAN ORDEN RD.</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>HARRINGTON PARK NJ</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>NEARY, HARRIET C.</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>5 HORIZON RD.</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LEE NJ</b>	<b>6.4 CITY-ST-ZIP</b>	

**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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or custodian empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on a supplemental report with an address.**

**SIGNATURE:** *J. Fletcher Creamer, Jr.* **PRESIDENT** 4/21/95 (201) 488-7800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Printed Name)