

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24281 (8)**

1. Corporation Name
CREAMER BROS., INC.



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

3. Date Incorporated or Qualified: **05/11/1989**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **21-0665029**
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: 21 []
2a. Mailing Address: 26 []
22 Suite, Apt. #, etc.: []
23 City & State: []
24 Zip: [] 25 Country: []
27 Suite, Apt. #, etc.: []
28 City & State: []
29 Zip: [] 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: []
85 Zip Code: **FL**

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: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CREAMER, DALE A	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 DRUMM CT	1.2 NAME	
STREET ADDRESS	RAMSEY NJ	1.3 STREET ADDRESS	37 E. SADDLE RIVER ROAD
CITY- ST- ZIP		1.4 CITY- ST- ZIP	SADDLE RIVER, NJ 07458
TITLE	TD CREAMER, GLENN L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 ARROWHEAD CT	2.2 NAME	
STREET ADDRESS	RAMSEY NJ	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	S SCHEETZ, ROBERT M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	237 ATISON RD	3.2 NAME	
STREET ADDRESS	MEDFORD NJ	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	D CREAMER, J. FLETCHER, JR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	49 E. SADDLE RIVER ROAD	4.2 NAME	
STREET ADDRESS	SADDLE RIVER NJ	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	V SUPPA, ANTHONY C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 TELFORD LANE	5.2 NAME	
STREET ADDRESS	MOUNT LAUREL NJ	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	AS MARAFINO, ESTELLE R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	41 VAN ORDEN RD	6.2 NAME	
STREET ADDRESS	HARRINGTON PARK NJ	6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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]* **DALE A. CREAMER** 4/22/96 (20) 488-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Time/Phone #

CR2E034 (12/95)