

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24281** (8)
1. Corporation Name
J. FLETCHER CREAMER & SON, INC.



Principal Place of Business 101 E BROADWAY HACKENSACK NJ 07801	Mailing Address 101 E BROADWAY HACKENSACK NJ 07801-6832
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3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 04/26/1996
4. FEI Number 21-0665029	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CREAMER, DALE A 37 E. SADDLE RIVER ROAD SADDLE RIVER NJ	1.1 TITLE	V/D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	631 PALISADE AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CLIFFSIDE PARK NJ 07010
TITLE	TD CREAMER, GLENN L 8 ARROWHEAD CT RAMSEY NJ	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SCHEETZ, ROBERT M. 237 ATISON RD MEDFORD NJ	3.1 TITLE	AS
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CREAMER, J. FLETCHER, JR 49 E. SADDLE RIVER ROAD SADDLE RIVER NJ	4.1 TITLE	P/D
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V SUPPA, ANTHONY C 21 TELFORD LANE MOUNT LAUREL NJ	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS MARAFINO, ESTELLE R 41 VAN ORDEN RD HARRINGTON PARK NJ	6.1 TITLE	S
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *J. Fletcher Creamer Jr.* J. FLETCHER CREAMER JR. 4/24/97 (201) 488-9800
DATE: 4/24/97 DAYTIME PHONE: 201-488-9800

CR2E034 (9/96)