


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

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

UNCLER/DC

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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01-28-1999 90027 041 \*\*\*\*150.00

**DOCUMENT # P24281**  
 1. Corporation Name  
**J. FLETCHER CREAMER & SON, INC.**



Principal Place of Business 101 E BROADWAY HACKENSACK NJ 07601	Mailing Address 101 E BROADWAY HACKENSACK NJ 07601
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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
Country 29	Zip 30

3. Date Incorporated or Qualified <b>05/11/1989</b>	
4. FEI Number <b>21-0665029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 <b>FL</b>

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, DALE A	1.2 NAME	
STREET ADDRESS	631 PALISADE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFFSIDE PARK NY	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, GLENN L	2.2 NAME	
STREET ADDRESS	8 ARROWHEAD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	RAMSEY NJ	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEETZ, ROBERT M.	3.2 NAME	
STREET ADDRESS	237 ATISON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NJ	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, J. FLETCHER, JR	4.2 NAME	
STREET ADDRESS	49 E. SADDLE RIVER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SADDLE RIVER NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPPA, ANTHONY C	5.2 NAME	
STREET ADDRESS	21 TELFORD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT LAUREL NJ	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAFINO, ESTELLE R	6.2 NAME	
STREET ADDRESS	41 VAN ORDEN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARRINGTON PARK NJ	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: J. Fletcher Creamer, Jr. FLETCHER CREAMER, JR., PRESIDENT 1/11/99 488-9800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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