

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

FILED
Apr 23 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 # V70878 (6)
1. Corporation Name
HALDEMAN INVESTMENT CORP.

Principal Place of Business
618 NE 20 LANE
BOYNTON BEACH FL 33435
US

Mailing Address
618 NE 20TH LANE
BOYNTON BEACH FL 33435
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1992	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21 Suite, Apt. #, etc.		22 City & State		23 Zip	
24 Country		25		26	
27		28		29	
30		31		32	

4. FEI Number 65-0379144		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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

TOMLINSON, CHARLES W. III
618 NE 20 LANE
BOYNTON BEACH FL 33435

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	EGNATINSKY, JACK	12 NAME	
STREET ADDRESS	106 CROSS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	
NAME	RAMICH, JAMES M.	22 NAME	
STREET ADDRESS	887 UPLAND DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	TOMLISON, JANET F.	32 NAME	
STREET ADDRESS	618 N.E. 20 LANE	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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

SIGNATURE

4/17/98 561-732-8700

CR2E034 (10/97)