

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 844187 (5)

1. Corporation Name
HANDLEMAN COMPANY



Principal Place of Business: 500 KIRTS BLVD TROY MI 48064
Mailing Address: 500 KIRTS BLVD TROY MI 48064

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 09/20/1979
3a. Date of Last Report: 05/01/1995
4. FFI Number: 38-1242806
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0501 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the Agent of the Corporation: Kenneth P. Kartje

Signature of the President or Secretary of the Corporation: Kenneth P. Kartje

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BRAUM, THOMAS C. (JR)	
STREET ADDRESS	500 KIRTS BLVD.	
CITY-STATE-ZIP	TROY MI	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	HANDLEMAN, DAVID	
STREET ADDRESS	500 KIRTS BLVD.	
CITY-STATE-ZIP	TROY MI	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	KARTJE, KENNETH P.	
STREET ADDRESS	500 KIRTS BLVD.	
CITY-STATE-ZIP	TROY MI	
TITLE	VPFS	<input type="checkbox"/> DELETE
NAME	MORRIS, RICHARD J.	
STREET ADDRESS	500 KIRTS BLVD.	
CITY-STATE-ZIP	TROY MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STROME, STEPHEN	
STREET ADDRESS	500 KIRTS BLVD.	
CITY-STATE-ZIP	TROY MI	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	EDWARDS, LARRY A	
STREET ADDRESS	500 KIRTS BLVD	
CITY-STATE-ZIP	TROY MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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 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 or power of attorney 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: Kenneth P. Kartje
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kenneth P. Kartje 4-26-96 (810)362-4400

CR2E034 (12/95)