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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844187 (5) HANDLEMAN COMPANY					
500 KIRTS BLVD 500 KIRTS		Mailing Address 500 KIRTS BLVD TROY MI 48084-5225		1 100(01 1917 010 01901 11901 1910 199	e eriğil guğur. Albalı meni ğuğu meğli (mai
				3. Date Incorporated or Qualified 09/20/1979	3a. Date of Last Report 05/01/1996
	Piace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ard	th extra	Suite, Apt. #, etc.		38-1242806	Not Applicable
Suite, Apt. #, etc. 27 22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	B. This corporation has liability for	
24	25 25 Name and Address of Curre	29 Agent	30	Florida Statutes L 10. Name and Address of New Re	Yes No
CT	CORPORATION SYSTEM	in riegioterea regent	81 Name	IQ. (taries and Avaitage of the fit	Signatura Agent
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street	Address (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
office or agent. I a SIGNATURE	To the provisions of Sections 607 084 registered agent, or both, in the State are lamiliar with, and accept the obligation to purely and appeared agencies by disciplinations of registred agencies agenc		otes, the above-named authorized by the corplorida Statutes OTE Flegislated Agent socialized	corporation submits this statement for the poration's board of directors. I hereby accendenced when reinstaling:	purpose of changing its registered pt the appointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
THIE	C DDALINA THOMAS O (ID)	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUM, THOMAS C. (JR) 500 KIRTS BLVD.		1.2 NAME		
STREET ADDRESS	TROY MI		1.3 STREET ADDRESS		
CHY-ST-709 TBC5	COB	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	HANDLEMAN, DAVID	Ea wheels	2.2 NAME		man words have continued
STREET ADDRESS	FAR MINTO BLUE		2.3 STREET ADDRESS		
COY-ST-ZIP	TROY MI		2. 4 CITY - ST - ZIP		
TITLE	AST	☐ DELETE	3.1 TITLE		Change Addition
114Va)	KARTJE, KENNETH P.		3.2 NAME		
STREET ADDRESS	TO ALL SAL		33 STREET ADDRESS		}
CHY+S1+7IP	TROY MI	Flance	3.4 CITY-ST-ZIP		
71111	VPFS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAMí	MORRIS, RICHARD J.		4. 2 NAME		
STREET ADORESS	(, 4.3 SYREET ADDRESS		
CHY \$1-70	TROY MI	DELETE	4.4 CITY - ST - ZIP		Change Addition
11ft F	PD STROME, STEPHEN	F"I nerete	5.1 TITLE		Change Addition
NAME CODER AND COLO	FAN LUIDTO BLUID		5.2 NAME		
STREET ADDRESS	TROY MI		5.3 STREET ADDRESS		
CHY-S1-ZIP TIPLE	V	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	VT	hange Addition
NAME	EDWARDS, LARRY A		6.2 NAME	OVIALLY TOM C.	- Carriage - Carriage
STREET ADORESS	PAR IMPER BULL		6.3 STREET ADDRESS	oviatty Tom C. 500 Kirts Blud	
31.5.1 - 25.5111.0.1	TOO VAI		4.0 Giller Mouneso	Trail man dament	1

14. I do hereby certify that the information supplied with this filling 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 <u>langed</u>, or on an attachment with an address.

SIGNATURE:

810 362 44X

FILED

Apr 11 1997 8:00am

Secretary of State