

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

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**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **838670** (8)  
1. Corporation Name  
**EDISON BORTHERS APPAREL STORES, INC.**



Principal Place of Business: **501 N BROADWAY PO BOX 14445 ST LOUIS MO 63102 US**

Mailing Address: **P.O. BOX 14445 PO BOX 14445 ST LOUIS MO 63178-4445 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/29/1977**

3a. Date of Last Report: **04/26/1996**

4. FEI Number: **59-1417189**

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0502 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 relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCCAIN, THOMAS</b>		1.2 NAME	
STREET ADDRESS: <b>12707 CORUM WAY DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST LOUIS MO</b>		1.4 CITY-ST-ZIP	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MILLER, ALAN</b>		2.2 NAME	
STREET ADDRESS: <b>501 N. BROADWAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST. LOUIS MO</b>		2.4 CITY-ST-ZIP	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COOPER, DAVID</b>		3.2 NAME	
STREET ADDRESS: <b>501 N. BROADWAY</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST. LOUIS MO</b>		3.4 CITY-ST-ZIP	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SACHS, ALAN</b>		4.2 NAME	
STREET ADDRESS: <b>7422 WELLINGTON WAY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST LOUIS MO</b>		4.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>NEWMAN, ANDREW</b>		5.2 NAME	
STREET ADDRESS: <b>#5 DROMARA RD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST LOUIS MO</b>		5.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>SNEIDER, MARTIN</b>		6.2 NAME	
STREET ADDRESS: <b>501 N BROADWAY</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST. LOUIS MO</b>		6.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MICHAEL KING</b>
5.3 STREET ADDRESS	<b>501 N. BROADWAY</b>
5.4 CITY-ST-ZIP	<b>ST LOUIS MO 63102</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KORL MILLNER</b>
6.3 STREET ADDRESS	<b>501 N BROADWAY</b>
6.4 CITY-ST-ZIP	<b>ST LOUIS MO 63102</b>

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: *Thomas McCain* VP 4/15/97 314 331-7528

THOMAS MCCAIN

CR2E034 (9/96)