


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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838670 (8)

1. Corporation Name
EDISON BROTHERS APPAREL STORES, INC.



DO NOT WRITE IN THIS SPACE

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 US
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3. Date Incorporated or Qualified 06/29/1977	
4. FEI Number 59-1417189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

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	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 reinstating) _____ DATE _____

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

2.1 TITLE Change Addition
PRES DIR

2.2 NAME **LAWRENCE HONIG**

2.3 STREET ADDRESS **501 North Broadway**

2.4 CITY-ST-ZIP **St Louis, Mo 63102**

3.1 TITLE Change Addition
CEO

3.2 NAME **JACK BURTLOW**

3.3 STREET ADDRESS **501 N BROADWAY**

3.4 CITY-ST-ZIP **St. Louis, Mo 63102**

4.1 TITLE Change Addition
SECRETARY

5.1 TITLE Change Addition
DIRECTOR

5.2 NAME **BOB BROWN**

5.3 STREET ADDRESS **5050 40th St. Suite 200**

5.4 CITY-ST-ZIP **PHOENIX, AZ. 85018**

6.1 TITLE Change Addition
DIRECTOR

6.2 NAME **JACK DOFF**

6.3 STREET ADDRESS **91 ROCKY HAVEN ROAD Suite 1601**

6.4 CITY-ST-ZIP **NEW YORK NY 10020**

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 _____ DATE **4/1/98** **314 331 2528**

CR2E034 (10/97)