

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H91014 (1)**
1. Corporation Name
LECHTERS FLORIDA, INC.



Principal Place of Business: **% CT CORPORATON SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
Mailing Address: **% CT CORPORATON SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

3. Date Incorporated or Qualified: **12/20/1985**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **22-2679391**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
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

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SMOLAK, JOHN	
STREET ADDRESS	1 CAPE MAY STR	
CITY-ST-ZIP	HARRISON NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEBENZAHL, BERNARD	
STREET ADDRESS	1 CAPE MAY STREET	
CITY-ST-ZIP	HARRISON NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BELOSA, DAVID	
STREET ADDRESS	1 CAPE MAY ST	
CITY-ST-ZIP	HARRISON NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PENNER, HAROLD	
STREET ADDRESS	1 CAPE MAY ST	
CITY-ST-ZIP	HARRISON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER, VP
4.3 STREET ADDRESS	KATHLEEN GUINNESSY
4.4 CITY-ST-ZIP	102 WEST 85TH ST. NEW YORK, NY 10024
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRESIDENT, CEO
5.3 STREET ADDRESS	DONALD JOWAS
5.4 CITY-ST-ZIP	546 LAKE AVE. GREENWICH CT. 06830
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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: *Kathleen Guinnessy* **KATHLEEN GUINNESSY**
TREASURER 4-10-96 201-481-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)