

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90242 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H91014**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1985</b>	
21		26		4. FEI Number <b>22-2679391</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMOLAK, JOHN</b>	
STREET ADDRESS	<b>1 CAPE MAY STR</b>	
CITY-ST-ZIP	<b>HARRISON NJ</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEBENZAHL, BERNARD</b>	
STREET ADDRESS	<b>1 CAPE MAY STREET</b>	
CITY-ST-ZIP	<b>HARRISON NJ</b>	
TITLE	<b>PCEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONAS, DONALD</b>	
STREET ADDRESS	<b>546 LAKE AVED</b>	
CITY-ST-ZIP	<b>GREENWICH CT</b>	
TITLE	<b>TVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GUINNESSY, KATHLEEN</b>	
STREET ADDRESS	<b>102 WEST 85TH ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

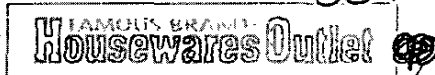
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECRETARY V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>IRA Rosenberg</b>	
1.3 STREET ADDRESS	<b>875 FIFTH AVE.</b>	
1.4 CITY-ST-ZIP	<b>NEW YORK, NY 10021</b>	
2.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ALAN EINSBRUCH</b>	
2.3 STREET ADDRESS	<b>5 CHELSEA DR.</b>	
2.4 CITY-ST-ZIP	<b>LIVINGSTON, NJ 07039</b>	
3.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WILLIAM SULLIVAN</b>	
3.3 STREET ADDRESS	<b>1075 VINTAGE CLUB DR.</b>	
3.4 CITY-ST-ZIP	<b>DULUTH, GA 30097</b>	
4.1 TITLE	<b>VICE PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JAMES Sheppard</b>	
4.3 STREET ADDRESS	<b>335 Beechwood PLACE</b>	
4.4 CITY-ST-ZIP	<b>FRANKLIN LAKES, NJ 07417</b>	
5.1 TITLE	<b>Asst. Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RALPH NASH</b>	
5.3 STREET ADDRESS	<b>303 W. 66th St.</b>	
5.4 CITY-ST-ZIP	<b>NEW YORK, NY 10023</b>	
6.1 TITLE	<b>Chairman of the Board/Director</b>	<input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DONALD JONAS PRES.</b>	
6.3 STREET ADDRESS	<b>546 LAKE AVE.</b>	
6.4 CITY-ST-ZIP	<b>GREENWICH, CT. 06830</b>	

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, with all other like empowered.

SIGNATURE: *Katherine Harris* DATE: 4/19/99 (973) 481-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)



537893-90242-11

#491014

**Leichters, Inc.**

1 Cape May Street Harrison, NJ 07029-2404  
(973) 481-1100

**Directors:**

Donald Jonas	One Cape May Street	Harrison, NJ 07029
Martin Begun	One Cape May Street	Harrison, NJ 07029
Anthony Malkin	One Cape May Street	Harrison, NJ 07029