

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90114 036 \*\*\*150.00

DOCUMENT # F94000003528

1. Corporation Name

AUTHENTIC FITNESS RETAIL INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ATTN: FINANCE/TAX  
6040 BANDINI BLVD  
CITY OF COMMERCE CA 90040  
US

Mailing Address

ATTN: FINANCE/TAX  
6040 BANDINI BLVD  
CITY OF COMMERCE CA 90040  
US

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	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

07/06/1994

4. FEI Number

95-4442062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSEPH A CALIFANO, JR	
STREET ADDRESS	152ND WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHALTER, STUART D.	
STREET ADDRESS	601 S. FIGUEROA STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SVCS	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, WALLIS H	
STREET ADDRESS	6040 BANDINI BLVD	
CITY-ST-ZIP	COMMERCE CA 90040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, ROBERT D	
STREET ADDRESS	1915 WEDGEWOOD DR	
CITY-ST-ZIP	SANFORD NC 27320	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WACHNER, LINDA	
STREET ADDRESS	90 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM S FINKELSTEIN	
STREET ADDRESS	90 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SR. VP, CFO
3.3 STREET ADDRESS	MCHUGH, MICHAEL P.
3.4 CITY-ST-ZIP	6040 BANDINI BLVD. COMMERCE, CA 90040-2905
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	WALTER, ROBERT D.
4.4 CITY-ST-ZIP	1915 WEDGEWOOD DR. SANFORD, NC 27320
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 (303) 727 5306

CR2E034 (1/98)

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