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

FILED Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # 410104 ASTOR SWIMWEAR OUTLET STORES INC. Principal Place of Business Mailing Address 233 NORTH ELEVENTH STREET 233 NORTH ELEVENTH STREET READING PA 19801 READING PA 19801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1972 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 23-1883352 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X, Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COHEN, SALLY F. 600 THREE ISLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) APT. 1108 HALLANDALE FL 33009 85 Zip Code City 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ☐ Addition COHEN, BRUCE A. NAME 1.2 NAME 233 NORTH ELEVENTH ST. STREET ADORESS 1.3 STREET ADDRESS **READING PA** CITY-ST-ZIP 1.4 CITY - 5T - ZIP DELETE 2.1 TITLE Change Addition TITLE COHEN, NELSON I. NAME 2.2 NAME 233 NORTH ELEVENTH ST. STREET ADDRESS 2.3 STREET ADDRESS READING PA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. Thereby 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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

62 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE: Melan

TITLE NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NELSON I. COHON V. PREC 47-98 610-373-3300

Addition

Addition

Change