

**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 # 463929 (0)**

1. Corporation Name  
**J BYRONS, INC.**



Principal Place of Business  
**15600 N.W. 15TH AVE.  
P. O. BOX 693620, NORLAND BRANCH  
MIAMI FL 33169  
US**

Mailing Address  
**C/O AMERICAN RETAIL GROUP, INC.  
358 FIFTH AVE  
NEW YORK NY 10001  
US**

3. Date Incorporated or Qualified  
**10/22/1974**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number  
**59-1544901**

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  
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Suite, Apt. #, etc.  
22  
City & State  
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Zip  
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2a. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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Zip  
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2b. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2c. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2d. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2e. Mailing Address  
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2f. Mailing Address  
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2g. Mailing Address  
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2h. Mailing Address  
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2i. Mailing Address  
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City & State  
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2j. Mailing Address  
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City & State  
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2k. Mailing Address  
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2l. Mailing Address  
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2m. Mailing Address  
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2n. Mailing Address  
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2o. Mailing Address  
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2p. Mailing Address  
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2q. Mailing Address  
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2r. Mailing Address  
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2s. Mailing Address  
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2t. Mailing Address  
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City & State  
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2u. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2v. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2w. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2x. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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2y. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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Zip  
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2z. Mailing Address  
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Suite, Apt. #, etc.  
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City & State  
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Zip  
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**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  
85 Zip Code  
**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORK, MILTON	1.2 NAME	
STREET ADDRESS	15800 NE 15TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, JAMES	2.2 NAME	
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNINKMEYER, LOUIS	3.2 NAME	
STREET ADDRESS	6251 CROOKED CREEK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JOYCE	4.2 NAME	
STREET ADDRESS	15600 NW 15TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAETAN, OSCAR	5.2 NAME	David Layne
STREET ADDRESS	15600 NW 15TH AVENUE	5.3 STREET ADDRESS	6251 Crooked Creek Road
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Norcross, Georgia 30092
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, MILES P.	6.2 NAME	
STREET ADDRESS	358 FIFTH AVE.	6.3 STREET ADDRESS	1114 Ave. of the Americas, Suite 2702
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	New York, NY 10036

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:**

*Miles P. Fischer*  
Miles P. Fischer, Secretary

April 23, 1996

212-704-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)