

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 815898 (2)

1. Corporation Name

CLAIRE'S STORES, INC.



Principal Place of Business

3 S.W. 129TH AVE., SUITE 400
P.O. BOX 9312
PEMBROKE PINES FL 33027

Mailing Address

3 S.W. 129TH AVE., SUITE 400
P.O. BOX 9312
PEMBROKE PINES FL 33027

3. Date Incorporated or Qualified

01/05/1962

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0940416

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAEFER, ROWLAND
3 SW 129TH AVE., SUITE 400
PEMBROKE PINES FL 33027

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 then applicable

Signature typed or printed name of registered agent and then applicable

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BERRITT, H E | |
| STREET ADDRESS | 410 PARK AVENUE | |
| CITY-ST-ZIP | NEW YORK, NY 0 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KAPLAN, IRA D. | |
| STREET ADDRESS | 3 SW 129TH AVE #400 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SCHAEFER, ROWLAND | |
| STREET ADDRESS | 3 SW 129TH AVE #400 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SCHAEFER, SYLVIA | |
| STREET ADDRESS | 3 SW 129TH AVE #400 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILLER, BRUCE G. | |
| STREET ADDRESS | 3 SE 129TH AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ira Kaplan Treasurer

4/19/96

(954) 433-3000

Date

Daytime Phone

CR2E034 (12/95)