

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  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90014 041 \*\*\*150.00

DOCUMENT # 815898

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1962

4. FEI Number

59-0940416

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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 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 ☐ DELETE

NAME SD  
BERRITT, H E  
STREET ADDRESS 1211 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T  
KAPLAN, IRA D.  
STREET ADDRESS 3 SW 129TH AVE #400  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PD  
SCHAEFER, ROWLAND  
STREET ADDRESS 3 SW 129TH AVE #400  
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
SCHAEFER, SYLVIA  
STREET ADDRESS 3 SW 129TH AVE #400  
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
MILLER, BRUCE G.  
STREET ADDRESS 3 SE 129TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

NAME VP  
KATHLEEN E. Rossi  
STREET ADDRESS 3 SW 129th Ave.  
CITY-ST-ZIP Pembroke Pines FL 33027

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

KATHLEEN Rossi/VP

954-433-3900  
Daytime Phone #

CR2E034 (11/98)