

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000124 (9)

1. Corporation Name

STUART WEITZMAN, INC.

Principal Place of Business

2400 EAST COMMERCIAL BLVD
SUITE 508
FT. LAUDERDALE FL 33308
US

Mailing Address

2400 EAST COMMERCIAL BLVD
SUITE 508
FT. LAUDERDALE FL 33308-4026
US

3. Date Incorporated or Qualified

11/06/1992

3a. Date of Last Report

02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0366394

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ DELETE

TITLE PD
NAME WEITZMAN, STUART
STREET ADDRESS 189 TACONIC ROAD
CITY- ST- ZIP GREENWICH CT 06831

TITLE S
NAME LIGUORI, JUDY
STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 508
CITY- ST- ZIP FT. LAUDERDALE FL

TITLE T
NAME KODROFF, PHILIP
STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 508
CITY- ST- ZIP FT. LAUDERDALE FL

TITLE V
NAME WEITZMAN, JANE
STREET ADDRESS 189 TACONIC ROAD
CITY- ST- ZIP GREENWICH CT 06831

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

14. I do 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.

SIGNATURE:

PHILIP KODROFF

1/22/97

(954) 489-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0264473

CR2E034 (9/96)