

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000549 (6)

1. Corporation Name

THE OUTLETS GROUP, INC.



Principal Place of Business

1869 CHARTER LANE
LANCASTER PA 17601

Mailing Address

1869 CHARTER LANE
LANCASTER PA 17601

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

9. Name and Address of Current Registered Agent

WOLFF, PHILOIP ESQUIRE
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

02/22/1995

4. FLE Number

23-2688282

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	FISHER, J H JR	
STREET ADDRESS	1869 CHARTER LANE	
CITY-STATE-ZIP	LANCASTER PA 01	
TITLE	D	☐ DELETE
NAME	FISHER, BETH A	
STREET ADDRESS	1869 CHARTER LANE	
CITY-STATE-ZIP	LANCASTER PA 01	
TITLE	S	☐ DELETE
NAME	GOSS, DOUGLAS D	
STREET ADDRESS	1869 CHARTER LANE	
CITY-STATE-ZIP	LANCASTER PA 01	
TITLE	T	☐ DELETE
NAME	JORDAN, DENNIS W	
STREET ADDRESS	1869 CHARTER LANE	
CITY-STATE-ZIP	LANCASTER PA 01	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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(9)(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 changing, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. HERBERT FISHER, JR.

3/18/96

(717) 399-0200

Florida Department of State

CR2E034 (12/95)