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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000000756 (7)

1. Corporation Name

THE CUSTOM SHOP INC.



Principal Place of Business

Mailing Address

% THE PRENTICE HALL CORPORATION SYSTEM INC  
32 LOOCKERMAN SQUARE, SUITE L-100  
DOVER DE 19901

% THE PRENTICE HALL CORPORATION SYSTEM INC  
32 LOOCKERMAN SQUARE, SUITE L-100  
DOVER DE 19901

3. Date Incorporated or Qualified

03/10/1993

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE. 105  
TALLAHASSEE FL 32301

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

TITLE CP ☐ DELETE

NAME LEVITT, MORTIMER  
STREET ADDRESS 18 E. 50TH STREET  
CITY-ST-ZIP NEW YORK NY 10022

TITLE VCV ☐ DELETE

NAME LEVITT, ANNEMARIE  
STREET ADDRESS 18 E. 50TH STREET  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DT ☐ DELETE

NAME RUBENSTEIN, ESTELLE  
STREET ADDRESS 215 E. 68TH STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE S ☐ DELETE

NAME CHAIFETZ, MALCOLM  
STREET ADDRESS 350 FIFTH AVENUE, SUITE 6304  
CITY-ST-ZIP NEW YORK NY 10118

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

SD

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

VD

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

KATHLEEN RAWDON  
18 E 50TH ST  
NEW YORK, NY 10022

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM CHAIFETZ SECRETARY

DATE

4/24/96

(201) 827-9135

Daytime Phone #

CR2E034 (12/95)