

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 011 ***550.00

DOCUMENT # **F93000003227**

1. Corporation Name
C & W OUTLET, INC.



Principal Place of Business
**625 AVENUE OF THE AMERICAS
NEW YORK NY 10011**

Mailing Address
**770 BROADWAY
BOX 12
GARFIELD NJ 10003
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1993

2. Principal Place of Business

21 **770 Broadway Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

NY NY

27 City & State

24 Zip

10003

25 Country

29 Zip

30 Country

4. FEI Number
13-3541598

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. ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P SULLIVAN, TRACY
770 BROADWAY
NEW YORK NY 10003** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD MCHUGH, MICHAEL
22 LINCOLN PLACE
GARFIELD NJ 07026** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VI MCHUGH, MICHAEL P
625 AVENUE OF THE AMERICAS
NEW YORK NY 10011** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V LAMBERTI, NICHOLAS
22 LINCOLN PLACE
GARFIELD NJ 07026** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D WOODS, EMILY
77 BROADWAY
NEW YORK NY 10003** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TRUDY SULLIVAN ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**SECRETARY
Barbara Eisenberg
770 Broadway
NY, NY 10003** ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**TREASURER
Scott ROSEN
770 Broadway
NY, NY 10003** ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)