

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000061 (1)

1. Corporation Name

LESLIE FAY RETAIL OUTLETS, INC.

Principal Place of Business

BELZ FACTORY OUTLET WORLD
5401 W. OAK RIDGE RD STE. 17
ORLANDO FL 32819-9412
US

Mailing Address

400 STEWART ROAD
WILKES-BARRE PA 18706-1495

2. Principal Place of Business

2a. Mailing Address

21 N/A

26 P.O. Box D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27

City & State

28 Wilkes-Barre, PA

23 N/A

29

Zip

Country

Zip

Country

24 N/A

25 N/A

30 18773

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

23-2735306

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME POMERANTZ, JOHN J
STREET ADDRESS 1412 BROADWAY
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE

NAME RUBY, JOAN
STREET ADDRESS 1412 BROADWAY
CITY-ST-ZIP NEW YORK NY 10018

TITLE VP ☒ DELETE

NAME SMITH, VERNON K
STREET ADDRESS 400 STEWART ROAD
CITY-ST-ZIP WILKES-BARRE PA 18706

TITLE V ☒ DELETE

NAME WAX, STANLEY
STREET ADDRESS 1412 BROADWAY
CITY-ST-ZIP NEW YORK NY

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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. 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

John J. Pomerantz

5-22-97 (717)883-7163

FILED

97 JUN 20 AM 7:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)