


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

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000001939 (6)					
1. Corporation Name PETALS FACTORY OUTLET OF DELAWARE, INC.					
Principal Place of Business 300 CENTRAL AVE. WHITE PLAINS NY 10806			Mailing Address 300 CENTRAL AVE. WHITE PLAINS NY 10806-1210		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/20/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 03/18/1996	
City & State 23		City & State 28		4. FEI Number 13-3290664	
Zip 24		Zip 29		Applied For <input type="checkbox"/> Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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	C	<input type="checkbox"/> DELETE			
NAME	BROWN, DREW				
STREET ADDRESS	300 CENTRAL AVE.				
CITY-ST-ZIP	WHITE PLAINS NY 10806				
TITLE	DP	<input checked="" type="checkbox"/> DELETE			
NAME	CORELLI, RANDALL				
STREET ADDRESS	300 CENTRAL AVE.				
CITY-ST-ZIP	WHITE PLAINS NY 10806				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	CORELLI, JOHN				
STREET ADDRESS	300 CENTRAL AVE.				
CITY-ST-ZIP	WHITE PLAINS NY 10806				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	CORELLI, CHRIS				
STREET ADDRESS	300 CENTRAL AVE.				
CITY-ST-ZIP	WHITE PLAINS NY 10806				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	MIGNANELLI, THOMAS E				
STREET ADDRESS	300 CENTRAL AVE.				
CITY-ST-ZIP	WHITE PLAINS NY 10806				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	VP FINANCE				
5.3 STREET ADDRESS	Richard Belencki				
5.4 CITY-ST-ZIP	300 Central Ave.				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E034 (9/96)

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

[Signature]

5/12/97

914-946-7372