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**Feb 12 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 # F96000000045 (2)

1. Corporation Name
KENNETH COLE SERVICES, INC.



Principal Place of Business: **85 METRO WAY SECAUCUS NJ 07094**
Mailing Address: **85 METRO WAY SECAUCUS NJ 07094-1905**

3. Date Incorporated or Qualified: **01/02/1996**
3a. Date of Last Report: []
4. FEI Number: **22-3409780**
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 [x] No

2. Principal Place of Business: []
21. Suite, Apt. #, etc.: []
22. City & State: []
23. Zip: [] Country: []
24. [] 25. []
2a. Mailing Address: **Two Emerson Lane**
26. Suite, Apt. #, etc.: **Attn: Tax Dept.**
27. City & State: **Secaucus, NJ**
28. Zip: **07094** Country: []
29. [] 30. []

9. Name and Address of Current Registered Agent
**BRAUER, BABBS
% KENNETH COLE SAWGRASS MILLS % Kenneth Cole
12801 W SUNRISE BLVD, SPACE NO. 505
SUNRISE FL 33323**

10. Name and Address of New Registered Agent
81. Name: []
82. Street Address (P.O. Box Number is Not Acceptable): []
83. []
84. City: []
85. Zip Code: **FL**

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	COLE, KENNETH D	
STREET ADDRESS	152 WEST 52ND ST.	
CITY - ST - ZIP	NEW YORK NY 10019	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MAYER, STANLEY A	
STREET ADDRESS	85 METRO WAY	
CITY - ST - ZIP	SECAUCUS NJ 07094	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Two Emerson Lane
2.4 CITY - ST - ZIP	Secaucus, NJ 07094
3.1 TITLE	<input 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Stanley A. Mayer** 1/21/97 (201) 583-8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)