

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 JUN 11 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000045 (2)

1. Corporation Name  
**KENNETH COLE SERVICES, INC.**

Principal Place of Business:

85 METRO WAY  
SECAUCUS NJ 07094

Mailing Address:

TWO EMERSON LANE  
ATTN: TAX DEPT.  
SECAUCUS NJ 07094  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 152 W. 57th Street  
Suite, Apt #, etc.

22 City & State  
New York, NY

23 Zip Country  
10019 USA

2a. Mailing Address

26 2 Emerson Lane  
Suite, Apt #, etc.

27 c/o General Counsel  
City & State

28 Secaucus, NJ  
Zip Country  
07094 USA

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

22-3409780

XX 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 or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

BRAUER, BABBS  
% KENNEHT COL, SAWGRASS MILLS  
12801 W SUNRISE BLVD, SPACE NO. 505  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name NationsCorp Registered Agents, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue  
83  
84 City Tallahassee FL 85 Zip Code 32301

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

*David P. Edelman*

Assistant Secretary

6/10/98

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	TWO EMERSON LANE	
CITY-ST-ZIP	SECAUCUS NJ	
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

1.1 TITLE	Director/President&CEO	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Kenneth D. Cole	
1.3 STREET ADDRESS	152 W. 57th Street	
1.4 CITY-ST-ZIP	New York, NY 10019	
2.1 TITLE	Director/Vice President&CFO	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Stanley A. Mayer	
2.3 STREET ADDRESS	2 Emerson Lane	
2.4 CITY-ST-ZIP	Secaucus, NJ 07094	
3.1 TITLE	Secretary	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Patrice F. Cohen	
3.3 STREET ADDRESS	2 Emerson Lane	
3.4 CITY-ST-ZIP	Secaucus, NJ 07094	
4.1 TITLE	Treasurer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	David P. Edelman	
4.3 STREET ADDRESS	2 Emerson Lane	
4.4 CITY-ST-ZIP	Secaucus, NJ 07094	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100002561671-4  
-06/16/98--0110--010  
\*\*\*150.00 \*\*\*150.00

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 in an attachment with an address.

SIGNATURE *Meriam...*

FILING (X) 583 8500

CR2E034 (10/97)