

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

0000321

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001756 (2)**

1. Corporation Name
TOMMY HILFIGER RETAIL, INC.



Principal Place of Business 112 TRUMAN DRIVE EDISON NJ 08818	Mailing Address 112 TRUMAN DRIVE EDISON NJ 08818
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1997

2. Principal Place of Business 21 18 THATCHER ROAD Suite, Apt. #, etc. 22 DAYTON, N.J. City & State 23 DAYTON, N.J. Zip 24 08810	2a. Mailing Address 26 18 THATCHER ROAD Suite, Apt. #, etc. 27 DAYTON, N.J. City & State 28 DAYTON, N.J. Zip 29 08810
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4. FEI Number 11-3180944	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNELLER, WILLIAM
10406 EMERALD COAST PARKWAY #77
DESTIN FL 32541**

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

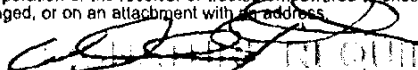
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HILFIGER, TOMMY	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOU, SILAS	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROLL, LAWRENCE	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOROWITZ, LAWRENCE	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEWMAN, JOEL	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GURSKY, STEVEN R	
STREET ADDRESS	112 TRUMAN DRIVE	
CITY-ST-ZIP	EDISON NJ 08818	

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	<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 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 its address.

SIGNATURE:



7/17/98 732-572-6710

CR2E034 (5/98)