

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

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90014 014 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000003656**

1. Corporation Name

**T. G. & Y. STORES CO.**

Principal Place of Business

**2955 EAST MARKET STREET  
YORK PA 17402**

Mailing Address

**2955 EAST MARKET STREET  
YORK PA 17402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1998**

4. FEI Number

**79-0530810 23-2959301**

Applied For

Not Applicable

2. Principal Place of Business

**21 12 WEST MARKET STREET**

2a. Mailing Address

**26 12 WEST MARKET STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24 17405 25**

**29 17405 30**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET, SUITE 300  
NORTH MIAMI FL 33162**

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 ☐ DELETE  
NAME **COBD**  
STREET ADDRESS **RIKUS, MESHULAM**  
CITY-ST-ZIP **9560 WILSHIRE BLVD.  
BEVERLY HILLS CA 90212**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **WATKINS, TED**  
CITY-ST-ZIP **2955 EAST MARKET STREET  
YORK PA 17402**

TITLE ☐ DELETE  
NAME **VTD**  
STREET ADDRESS **WEINER, PAUL**  
CITY-ST-ZIP **2955 EAST MARKET STREET  
YORK PA 17402**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **MICHAELSON, ARTHUR M**  
CITY-ST-ZIP **633 THIRD AVENUE  
NEW YORK NY 10017**

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**12 WEST MARKET STREET  
YORK PA 17405**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**12 WEST MARKET STREET  
YORK PA 17405**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**530 FIFTH AVENUE  
NEW YORK NY 10036**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/13/99**

**717-699-4135**