

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90005 006 ***150.00

DOCUMENT # F98000006994

1. Corporation Name

CONCORD CAMERA CORP.

Principal Place of Business

35 MILEED WAY
AVENEL NJ 07001

Mailing Address

35 MILEED WAY
AVENEL NJ 07001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1998

4. FEI Number

13-3152196

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

2. Principal Place of Business

21 4000 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

22 Suite 650 N

City & State

23 HOLLYWOOD, FL

Zip

24 33021

Country

25 BROWARD

2a. Mailing Address

26 4000 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

27 Suite 650 N

City & State

28 HOLLYWOOD, FL

Zip

29 33021

Country

30 BROWARD

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
CEOP
LAMPERT, IRA B
STREET ADDRESS
35 MILEED WAY
CITY-ST-ZIP
AVENEL NJ 07001

TITLE ☐ DELETE

NAME
VS
KING, BRIAN F
STREET ADDRESS
35 MILEED WAY
CITY-ST-ZIP
AVENEL NJ 07001

TITLE ☐ DELETE

NAME
C
PRESS, HARLAN I
STREET ADDRESS
35 MILEED WAY
CITY-ST-ZIP
AVENEL NJ 07001

TITLE ☐ DELETE

NAME
D
ARENBERG, ELI
STREET ADDRESS
9578 HARBOUR LAKE DRIVE
CITY-ST-ZIP
BOYNTON BEACH FL 33437

TITLE ☐ DELETE

NAME
D
GINDI, MORRIS
STREET ADDRESS
ONE WOODBRIDGE CENTER
CITY-ST-ZIP
WOODBIDGE NJ 07095

TITLE ☐ DELETE

NAME
D
GOLD, JOEL L
STREET ADDRESS
630 FIFTH AVENUE, SUITE 820
CITY-ST-ZIP
NEW YORK NY 10111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
CEO
LAMPERT, IRA B.
1.3 STREET ADDRESS
4000 HOLLYWOOD BLVD. #650N
1.4 CITY-ST-ZIP
HOLLYWOOD, FL 33021

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
SR. VP
KING, BRIAN F.
2.3 STREET ADDRESS
4000 HOLLYWOOD BLVD. #650N
2.4 CITY-ST-ZIP
HOLLYWOOD, FL 33021

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Corporate Controller
PRESS, HARLAN I.
3.3 STREET ADDRESS
4000 HOLLYWOOD BLVD #650N
3.4 CITY-ST-ZIP
HOLLYWOOD, FL 33021

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
DIRECTOR
ARENBERG, ELI
4.3 STREET ADDRESS
4000 HOLLYWOOD BLVD. #650N
4.4 CITY-ST-ZIP
HOLLYWOOD, FL 33021

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
DIRECTOR
KLINEMAN, KENT
5.3 STREET ADDRESS
1270 AVENUE OF THE AMERICA #1800
5.4 CITY-ST-ZIP
NEW YORK, NY 10020

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
DIRECTOR
HECHLER IRA
6.3 STREET ADDRESS
45 ROCKEFELLER PLAZA #1701
6.4 CITY-ST-ZIP
NEW YORK, NY 10111

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE REQUIRED HARLAN PRESS

3/15/99

(954) 331-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)