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FILED

Jan 17 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 # **G93388** (8)

1. Corporation Name  
**R.S. CENTERS, INC.**

Principal Place of Business  
**% BURTON H. MARKS  
115 CENTRAL PARK WEST SUITE 6K  
NEW YORK NY 10023**

Mailing Address  
**% BURTON H. MARKS  
115 CENTRAL PARK WEST SUITE 6K  
NEW YORK NY 10023-4153**



3. Date Incorporated or Qualified **03/27/1984** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**31-1136534**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOB, ARTHUR W  
431 PALM CT  
NAPLES FL 33963**

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 of officer or person in charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUPERSCHMID, LOIS</b>	
STREET ADDRESS	<b>23 WAGO AVE.</b>	
CITY - ST - ZIP	<b>ARMONK NY</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKS, BURTON H.</b>	
STREET ADDRESS	<b>115 CENTRAL PARK W.</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KUPERSCHMID, LEO</b>	
STREET ADDRESS	<b>23 WAGO AVE</b>	
CITY - ST - ZIP	<b>ARMONK NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, URSULA</b>	
STREET ADDRESS	<b>330 WEST 58TH STREET</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>90 Turtlehead Road</b>
1.4 CITY - ST - ZIP	<b>Wilton, CT 06897-1226</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>90 Turtlehead Road</b>
3.4 CITY - ST - ZIP	<b>Wilton, CT 06897-1226</b>
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:

**Burton H. Marks**

1/8/97

(212) 769-4040

Date

Daytime Phone #

0005200

CR2E034 (9/96)