

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:59**

DOCUMENT # H91014 (1)

1. Corporation Name

LECHTERS FLORIDA, INC.

Principal Place of Business

**% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Mailing Address

**% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1985

3a. Date of Last Report

03/04/1994

4. FFI Number

22-2679391

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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)

(Typed) Registered Agent signature required when resigning

(Date)

12. OFFICERS AND DIRECTORS

TITLE

VT

NAME

REILLY, PHILLIP

STREET ADDRESS

1 CAPE MAY STR

CITY, ST, ZIP

HARRISON NJ

TITLE

VD

NAME

NEBENZAHL, BERNARD

STREET ADDRESS

1 CAPE MAY STREET

CITY, ST, ZIP

HARRISON NJ

TITLE

V

NAME

BELOSA, DAVID

STREET ADDRESS

1 CAPE MAY ST

CITY, ST, ZIP

HARRISON NJ

TITLE

T

NAME

PENNER, HAROLD

STREET ADDRESS

1 CAPE MAY ST

CITY, ST, ZIP

HARRISON NJ

TITLE

P

NAME

MICHAEL, ANTHONY

STREET ADDRESS

1 CAPE MAY ST

CITY, ST, ZIP

HARRISON NJ

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CFO

☒ Change ☐ Addition

1.2 NAME

JOHN SMOLAK

1.3 STREET ADDRESS

1 CAPE MAY STREET

1.4 CITY, ST, ZIP

HARRISON, NJ 07029

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

NO PRESIDENT - DELETE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID BELOSA 5-4-95

201-481-1100

(Date)

(Telephone Number)