

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90242 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H91014**

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CFO** ☒ DELETE  
NAME **SMOLAK, JOHN**  
STREET ADDRESS **1 CAPE MAY STR**  
CITY-ST-ZIP **HARRISON NJ**

1.1 TITLE **SECRETARY V.P.** ☐ Change ☒ Addition  
1.2 NAME **IRA Rosenberg**  
1.3 STREET ADDRESS **875 FIFTH AVE.**  
1.4 CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **VD** ☒ DELETE  
NAME **NEBENZAHL, BERNARD**  
STREET ADDRESS **1 CAPE MAY STREET**  
CITY-ST-ZIP **HARRISON NJ**

2.1 TITLE **V.P.** ☐ Change ☒ Addition  
2.2 NAME **ALAN EINSBRUCH**  
2.3 STREET ADDRESS **5 CHELSEA DR.**  
2.4 CITY-ST-ZIP **LIVINGSTON, NJ 07039**

TITLE **PCEO** ☒ DELETE  
NAME **JONAS, DONALD**  
STREET ADDRESS **546 LAKE AVED**  
CITY-ST-ZIP **GREENWICH CT**

3.1 TITLE **V.P.** ☐ Change ☒ Addition  
3.2 NAME **WILLIAM SULLIVAN**  
3.3 STREET ADDRESS **1075 VINTAGE CLUB DR.**  
3.4 CITY-ST-ZIP **DULUTH, GA 30097**

TITLE **TVP** ☒ DELETE  
NAME **GUINNESSSEY, KATHLEEN**  
STREET ADDRESS **102 WEST 85TH ST**  
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE **VICE PRES.** ☐ Change ☒ Addition  
4.2 NAME **JAMES Sheppard**  
4.3 STREET ADDRESS **335 Beechwood PL**  
4.4 CITY-ST-ZIP **FRANKLIN LAKES, NJ 07417**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **ASST. SECRETARY** ☐ Change ☒ Addition  
5.2 NAME **RALPH NASH**  
5.3 STREET ADDRESS **303 W. 66th St.**  
5.4 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **Chairman of the Board/Director** ☒ Addition  
6.2 NAME **DONALD JONAS**  
6.3 STREET ADDRESS **546 LAKE AVE.**  
6.4 CITY-ST-ZIP **GREENWICH, CT. 06830**

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:

*Katherine Harris* 4/19/99 (913) 481-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)





537893-90242-11  
FAMOUS BRAND  
Housewares Outlet

#491014

**Lechters, Inc.**

1 Cape May Street Harrison, NJ 07029-2404  
(973) 481-1100

**Directors:**

Donald Jonas	One Cape May Street	Harrison, NJ 07029
Martin Begun	One Cape May Street	Harrison, NJ 07029
Anthony Malkin	One Cape May Street	Harrison, NJ 07029