

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L87132** (1)

1. Corporation Name

CHILDREN'S FACTORY OUTLET, INC. (FLORIDA)



Principal Place of Business
**4949 INTERNATIONAL DRIVE EXTENDED
RM 49, BELZ FACTORY OUTLET MALL II
ORLANDO FL 32819**

Mailing Address
**10 EAST 3RD ST.
STE. #400
TULSA OK 74103
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
07/16/1990

3a. Date of Last Report
04/18/1995

4. FEI Number
62-1452201

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

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 corporation hereby certifies that the information furnished in this report is true and accurate and that the 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	DPC	<input type="checkbox"/> DELETE
NAME	RUNNELS, GAIL R.	
STREET ADDRESS	10 EAST 3RD ST.	
CITY-ST-ZIP	TULSA OK 74103	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BIERBAUM, JOHN	
STREET ADDRESS	500 W WASHINGTON	
CITY-ST-ZIP	CANNON FALLS MN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ISRAEL, ROBERT	
STREET ADDRESS	C/O KNITWAVES 131 W 33RD	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	LANGHOLZ, ROBERT W.	
STREET ADDRESS	10 E THIRD ST.	
CITY-ST-ZIP	TULSA OK	
TITLE	VPA	<input checked="" type="checkbox"/> DELETE
NAME	KINNAMON, STAN	
STREET ADDRESS	9120 E 43RD	
CITY-ST-ZIP	TULSA, OK 74145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
6	NAME	
7	STREET ADDRESS	
8	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	NAME	
10	NAME	
11	STREET ADDRESS	
12	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	NAME	
14	NAME	
15	STREET ADDRESS	
16	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	NAME	
18	NAME	
19	STREET ADDRESS	
20	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Stan Kinnamon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

918-599-9553

Daytime Phone #

CR2E034 (12/95)