


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 05 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M80845** (4)

1. Corporation Name

FASHION MALL (FLA.) KAY-BEE TOY, INC.



Principal Place of Business 100 WEST STREET PITTSFIELD MA 01201	Mailing Address 100 WEST STREET PITTSFIELD MA 01201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1988		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. One CVS Drive		4. FEI Number 06-1239366		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. Legal Dept		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. Woonsocket RI		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
02895		USA		31. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, ARTHUR V.	1.2 NAME	Zenon P. Lankowsky
STREET ADDRESS	ONE THEALL RD	1.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, ALAN	2.2 NAME	Diane McMonagle Glass
STREET ADDRESS	100 WEST STREET	2.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	2.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGROCKI, DONALD B	3.2 NAME	Philip C. Galbo
STREET ADDRESS	100 WEST STREET	3.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	3.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, JOHN	4.2 NAME	see attached
STREET ADDRESS	100 WEST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA 01201	4.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALINO, ANTHONY	5.2 NAME	
STREET ADDRESS	45 PINE KNOLL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LENOX MA 01240	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPPOLITI PATRICIA	6.2 NAME	
STREET ADDRESS	100 WEST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	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: *Thomas S. Mortham* **THOMAS S. MORTHAM**

8/25/97

401-765-1500x3565

CR2E034 (4/97)

OFFICERS AND DIRECTORS

Directors

Thomas M. Ryan
Daniel Nelson
Charles Conaway

280 Irving Ave., Providence, RI 02906
26 Brookfield Rd., Dover, MA 02030
15 Signal Ridge Way, E. Greenwich, RI 02818

Officers

President

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

Vice President

Diane McMonagle-Glass
Robert E. Nault

80 Oak Point, Wrentham, MA 02093
19 Winchester Lane, N. Smithfield, RI 02896

Treasurer

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

Secretary

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

Assistant Secretary

Jill Goddard
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026
11 Charles Street, Dedham, MA 02026

BUSINESS ADDRESS:
One CVS Drive
Woonsocket, RI 02895