

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 # **P01548** (7)

1. Corporation Name

HOLTZMAN'S LITTLE FOLK SHOP, INC.



Principal Place of Business

Mailing Address

**%RICHARD LASHLEY
233 BROADWAY
NEW YORK NY 10279
US**

**%RICHARD LASHLEY
233 BROADWAY
NEW YORK NY 10279
US**

2. Principal Place of Business

21 **801 Sentous Avenue**

Suite, Apt. #, etc.

22

City & State
23 **City of Industry, CA**

Zip

24 **91748**

Country

25 **USA**

2a. Mailing Address

26 **PO Box 8020**

Suite, Apt. #, etc.

27

City & State
28 **City of Industry, CA**

Zip

29 **91748**

Country

30 **USA**

3. Date Incorporated or Qualified

04/09/1984

3a. Date of Last Report

02/14/1995

4. FEI Number

95-2486876

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

10. Name and Address of New Registered Agent

9. Name and Address of Current 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, if not applicable

Name, Registered Agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☒ DELETE
NAME	HENNIG, FREDERICK E	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	☒ DELETE
NAME	ADLER, SELIG	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVP	☒ DELETE
NAME	DEVRIES, WILLIAM L	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☒ DELETE
NAME	HENNIG, FREDERICK E	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☒ DELETE
NAME	CLARKE, SHELAGH M	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	☒ DELETE
NAME	HOLLAND, THOMAS	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, CEO	☐ Change ☒ Addition
1.2 NAME	Bernie Tessler	
1.3 STREET ADDRESS	801 Sentous Avenue	
1.4 CITY-ST-ZIP	City of Industry, CA 91748	☐ Change ☒ Addition
2.1 TITLE	Chief Administrative Officer	
2.2 NAME	Robert Kelleher	
2.3 STREET ADDRESS	801 Sentous Avenue	
2.4 CITY-ST-ZIP	City of Industry, CA 91748	☐ Change ☒ Addition
3.1 TITLE	Vice-President/Controller	☐ Change ☒ Addition
3.2 NAME	Bradley Sell	
3.3 STREET ADDRESS	801 Sentous Avenue	
3.4 CITY-ST-ZIP	City of Industry, CA 91748	☐ Change ☒ Addition
4.1 TITLE	Secretary/Treasurer	
4.2 NAME	Jeffrey Koffman	
4.3 STREET ADDRESS	150 E. 52nd St, 30th Floor	
4.4 CITY-ST-ZIP	New York, NY 10022	☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE ☒ **R.S. Kelleher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.S. Kelleher Chief Administrative Officer
Date: **3/11/96**
Daytime Phone: _____

CR2E034 (12/95)