

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gloria B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

APR 21 AM 2:25

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P07621** (6)

1. Corporate Name

**WORTHS STORES CORP.**

Principal Place of Business

**3300 FASHION WAY  
JOPPA MD 21085**

Mailing Address

**3300 FASHION WAY  
JOPPA MD 21085**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/03/1985**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**43-1168675**

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 ad valorem tax under § 193.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

24

25

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 607.0562 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Appointment (If Registered Agent is not accepting appointment, signature of Registered Agent is not required.)

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | CD                   |
| NAME           | SULLIVAN, MICHAEL D. |
| STREET ADDRESS | 3300 FASHION WAY     |
| CITY, ST, ZIP  | JOPPA MD             |
| TITLE          | VS                   |
| NAME           | PETERS, FRANK C.     |
| STREET ADDRESS | 3300 FASHION WAY     |
| CITY, ST, ZIP  | JOPPA MD             |
| TITLE          | P                    |
| NAME           | KAUFMAN, ISAAC       |
| STREET ADDRESS | 3300 FASHION WAY     |
| CITY, ST, ZIP  | JOPPA MD             |
| TITLE          | TV                   |
| NAME           | VILLANUEVA, MYCNA    |
| STREET ADDRESS | 3300 FASHION WAY     |
| CITY, ST, ZIP  | JOPPA MD             |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                   |                                                                              |
|-------------------|-------------------|------------------------------------------------------------------------------|
| 14 TITLE          | President         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           | Isaac Kaufman     |                                                                              |
| 16 STREET ADDRESS |                   |                                                                              |
| 17 CITY, ST, ZIP  |                   |                                                                              |
| 18 TITLE          | Vice President    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           | Robert J. Reiners |                                                                              |
| 20 STREET ADDRESS |                   |                                                                              |
| 21 CITY, ST, ZIP  |                   |                                                                              |
| 22 TITLE          | TV                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           | Myrna Villanueva  |                                                                              |
| 24 STREET ADDRESS |                   |                                                                              |
| 25 CITY, ST, ZIP  |                   |                                                                              |
| 26 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 27 NAME           |                   |                                                                              |
| 28 STREET ADDRESS |                   |                                                                              |
| 29 CITY, ST, ZIP  |                   |                                                                              |
| 30 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 NAME           |                   |                                                                              |
| 32 STREET ADDRESS |                   |                                                                              |
| 33 CITY, ST, ZIP  |                   |                                                                              |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.02(9)(b), Florida Statutes. I further certify that the information included 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 a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Robert J. Reiners*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert J. Reiners

4/26/95

(410) 538-1000