

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

FILED

May 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P08657 (9)

1. Corporation Name
LEATHER LOFT STORES, INC.

Principal Place of Business

**P.O. BOX 1070
WATSON BROOK ROAD
EXETER NH 03833**

Mailing Address

**P.O. BOX 1070
WATSON BROOK ROAD
EXETER NH 03833-1070**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

3. Date Incorporated or Qualified

12/31/1985

3a. Date of Last Report

02/07/1996

4. FEI Number

02-0384408

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

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 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

TITLE	V	<input type="checkbox"/> DELETE
NAME	MOORE, KEVIN S.	
STREET ADDRESS	WATSON BROOK RD.	
CITY - ST - ZIP	EXETER NH	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILSON, DANIEL E.	
STREET ADDRESS	WATSON BROOK RD.	
CITY - ST - ZIP	EXETER NH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TOWERS, JEFFREY S.	
STREET ADDRESS	WATSON BROOK RD.	
CITY - ST - ZIP	EXETER NH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WANG, CLIVE W.	
STREET ADDRESS	18 WILLIAMS WAY	
CITY - ST - ZIP	DURHAM NH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEALEY, ROGER A.	
STREET ADDRESS	WATSON BROOK ROAD	
CITY - ST - ZIP	EXETER NH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAFMASTER, JONATHAN S.	
STREET ADDRESS	WATSON BROOK RD	
CITY - ST - ZIP	EXETER NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)