

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 # P19237 (7)

1. Corporation Name

SPECIALTY DEPARTMENT STORES, INC.

Principal Place of Business

Mailing Address

6251 CROOKED CREEK RD
NORCROSS GA 30092

6251 CROOKED CREEK RD
NORCROSS GA 30092



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/12/1988

3a. Date of Last Report

04/13/1995

4. FEI Number

58-1760404

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BRENNINKMEYER, LOUIS
STREET ADDRESS 6251 CROOKED CREEK RD
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE VS
NAME FISCHER, MILES P.
STREET ADDRESS 358 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VT
NAME ALLEX, KENNETH R.
STREET ADDRESS 358 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME BRENNINKMEYER, ROLAND M.
STREET ADDRESS 1114 AVENUE THE AMERICAS
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME BRENNINKMEYER, DOMINIC
STREET ADDRESS 1166 FESLER ST.
CITY-ST-ZIP EL CAJON CA

☒ DELETE

TITLE AS
NAME TEDESCHI, WILLIAM P.
STREET ADDRESS 1114 AVENUE-AMERICAS
CITY-ST-ZIP NEW YORK NY

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

30092
☒ Change ☐ Addition
1114 Avenue of the Americas
New York, NY 10036

☒ Change ☐ Addition
1114 Avenue of the Americas
New York, NY 10036

9000018020490036
-04730796--01111-042
***200.00

☐ Change ☒ Addition
10036

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 212-704-3000
Date Daytime Phone #

CR2E034 (12/95)