

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P33136 (3)  
1. Corporation Name  
THE PFALTZGRAFF OUTLET CO.



Principal Place of Business  
BELZ FACTORY OUTLET- MALL  
5401 W. OAKRIDGE ROAD  
ORLANDO FL 32819  
US

Mailing Address  
140 E.MARKET ST..  
P O BOX 1483  
YORK PA 17405-1483

3. Date Incorporated or Qualified  
03/14/1991

3a. Date of Last Report  
05/01/1996

4. FEI Number  
23-2132506

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

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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  
85 Zip Code  
FL

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	CD	1.1 TITLE	
NAME	APPELL, LOUIS J. JR.	1.2 NAME	
STREET ADDRESS	140 E. MARKET ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	
NAME	SIMPSON, WILLIAM H.	2.2 NAME	
STREET ADDRESS	140 E. MARKET ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	
NAME	FINLAYSON, JOHN L.	3.2 NAME	
STREET ADDRESS	140 E. MARKET ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	3.4 CITY- ST- ZIP	
TITLE	SD	4.1 TITLE	
NAME	BREMER, CRAIG W.	4.2 NAME	
STREET ADDRESS	140 E. MARKET ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	BRUBAKER, PETER P.	5.2 NAME	
STREET ADDRESS	140 E. MARKET ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	5.4 CITY- ST- ZIP	
TITLE	T	6.1 TITLE	
NAME	DORWARD, W. WILSON	6.2 NAME	
STREET ADDRESS	140 E. MARKET STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	YORK PA	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

Craig W. Bremer Secretary

4/28/97 (717) 848-5500

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CR2E034 (9/96)