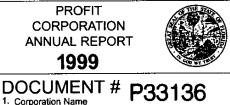
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

THE PFALTZGRAFF OUTLET CO.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90221 022 \*\*\*150.00

## E INNERNAL ING ENINA NEKE KINNA KRIN KRIN MENINGEN DIRIK NINIK KINEK MINIK DIDIK DIRIK MINIK DIDIK PRAN

Principal Place	of Business	f immismme som errant termi sembur jerem	m. e. w. Si1 6/6	,,, 81 <b>8</b> 14 <b>8</b> 1		. 47511 (85)				
BELZ FACTORY OUTLET- MALL 140 E.MARKET ST 5401 W. OAKRIDGE ROAD P O BOX 1483 ORLANDO FL 32819 YORK PA 17405-8483						DO NOT WRITE IN THIS SPACE				
US TORK FA 17400-0405						3. Date Incorporated or Qualifed		-		
00						03/14/1991				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For
21		26				23-2132506			Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	<b>'5</b> Ad	ditional
22		27				Certifcate of Status Desired		Fee	Requ	uired
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation owes the curren	t year Inta		_	<b>-</b>
24	25	29	30			Personal Property Tax.		∐ Yes	L	No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered A	Agent		
				81	Name					
	CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)	_		
	S. PINE ISLAND ROAD									
PLA	NTATION FL 33324			83						
				84	City			85	Zip Co	ode
					•	pration submits this statement for the p	<u> </u>			
SIGNATURE	Signature, typed or printed name of registered			l Agent :	signature required	(when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRE	CTOR	S IN 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AIN	[] Chai		Addition
TITLE	CD	☐ DELETE	1.1 T						,go	
NAME	APPELL, LOUIS J. JR.		1.2 N							
STREET ADDRESS	140 E. MARKET ST.				ADDRESS					
CITY-ST-ZIP	YORK PA	DELETE	1.4 C	MY-ST-	ZIP			Cha⊨	nae	Addition
TITLÉ	PD	C) Deterie	l l						•	_
NAME	SIMPSON, WILLIAM H.		2.2 N		ADDRESS					
STREET ADDRESS	140 E. MARKET ST.			TY-ST	ADDRESS 710					
CITY-ST-ZIP	YORK PA	DELETE	3.1 TI			Director		Chai	nge	Addition
TITLE NAME	VPTD		3.2 N		7	U. CUO!				
	FINLAYSON, JOHN L.				ADDRESS					
STREET ADDRESS	140 E. MARKET ST. York Pa			XTY-ST						
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	4.1 TI					[] una	nge	Addition
NAME	BREMER, CRAIG W.		4.21	IAME						
=	140 E. MARKET ST.				ADDRESS					
CITY-ST-ZIP	YORK PA			ITY-ST-						
TITLE	D	☐ DELETE	5.1 T					Cha	nge	☐ Addition
NAME	BRUBAKER, PETER P.		5.2 N	AME						
STREET ADDRESS	l		5.3 S	TREET	ADDRESS					
CITY-ST-ZIP	YORK PA		5.4 C	ITY-ST-	ZIP					
TITLE	(W) (I)	☐ DELETE	6.1 T	ΠLE	T	_		Cha	nge	▼ Addition
NAME		•	6.2 N	AME	A	lan Brayman o E. Market St. ork Pa 17401				
STREET ADDRESS			6.3 S	TREET	ADDRESS 14	O E. Market St.				
CITY ST. 7IP			6.4 C	ITY-ST-	ZIP Y	ork Pa 17401				

14. I 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, us on an attachment with an address, with all other like empowered.

SIGNATURE: