FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 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 # P35725 **(1)**

1. Corporation Name
MELRU CORPORATION

Principal Place of Business	Mailing Address
CORAL ISLE FACTORY STORES 7222 ISLE CAPRI RD #82 NAPLES FL 33961 US	250 RITTENHOUSE CIRCLE KEYSTONE PARK BRISTOL PA 19007-1616 US

3. Date Incorporated or Qualified: 09/25/1991
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business	2a. Mailing Address
21	26 155 Rittenhouse Circle
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc. Keystone Park
23 City & State	28 City & State Bristol PA
24 Zip / 25 Country	29 Zip 19007-1616 / 30 Country U.S.

4. FEI Number: 23-2256563 ☐ 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO NAME: KIMMEL, SIDNEY STREET ADDRESS: 191 N. PRESIDENTIAL BLVD CITY-ST-ZIP: BALA CYNWYD PA	☐ DELETE	1.1 TITLE: CEO/Director 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP: 19004	☒ Change ☒ Addition
TITLE: VPS NAME: GOODFRIEND, HERBERT J. STREET ADDRESS: 179 E. 70TH STREET CITY-ST-ZIP: NEW YORK NY	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP: 10021	☐ Change ☒ Addition
TITLE: P NAME: BUERKLE, HOWARD A. STREET ADDRESS: 63 HERING ROAD CITY-ST-ZIP: MONTVALE NJ	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP: 07645	☐ Change ☒ Addition
TITLE: VPT NAME: CARD, WESLEY STREET ADDRESS: 10 KIMBERLY COURT CITY-ST-ZIP: PRINCETON NJ	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP: 08540	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE: VP Finance & Administration 5.2 NAME: Patrick M. Farrell 5.3 STREET ADDRESS: 75 Oakridge Dr. 5.4 CITY-ST-ZIP: Langhorne, Pa 19047	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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] SIGNATURE REQUIRED 4/25/97 215-785-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #