

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39039

(3)

1. Corporation Name

PALM COAST RETAIL, INC.

Principal Place of Business

**C/O GROUP TAX
75 WALL STREET
NEW YORK NY 10265**

Mailing Address

**C/O GROUP TAX
75 WALL STREET
NEW YORK NY 10265**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

05/01/1994

4. FBI Number

13-3679247

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**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
105
TALLAHASSEE FL 32301**

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HEUSEN, EREN
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265
TITLE	V
NAME	DENNIS, SYDNEY G
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265
TITLE	S
NAME	BAERST, JOHN
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265
TITLE	T
NAME	RIVERA, EDUARDO P.
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265
TITLE	D
NAME	NOBS, STEVE
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265
TITLE	D
NAME	O'KANE, JOHN
STREET ADDRESS	75 WALL STREET
CITY - ST - ZIP	NEW YORK NY 10265

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V.P. PETER G HEWITT
2.3 STREET ADDRESS	75 WALL STREET
2.4 CITY - ST - ZIP	NEW YORK, NY 10265
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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

PETER G HEWITT

4/14/95 212412 - 2991

Date

Signature #