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PROFIT CORPORATION ANNUAL REPORT



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

1996

1201 HAYES ST.

TALLAHASSEE, FL 32301

105

| DOCUMENT # P | 39039 | | | | | |
|---|--------------------|-------------------|--|------------------------|-------------------------------|--|
| Palm Coast Retail | l, Inc. | | | | | |
| Principal Place of Business 75 Wall Street, 120 New York, NY 1026 | | Street, 12th F1 | Date Incorporated or Qualified | 3a. Date of Last Re | eport | |
| | | | 5/29/92 | 5/01/94 | | |
| 2. Principal Place of Business | 2a. Mailing Ac | Idress | | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt | . #, etc. | 5. Certificate of Status Desired | 1 1 | Additional Required | |
| 22 Crty & State | City & Sta | ile | Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| Zip Cour 24 25 | | Country 30 | 8. This corporation has liability for Florida Statutes Yes | intangible tax under s | 199.032, | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
| THE PRENTICE HALL | CORPORATION SYSTEM | 81 Name 1NC | Address (P.O. Box Number is Not Acceptat | yle) | | |

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 caregistered 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.

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84 City

| 12. TO OFFICERS AND DIRECTORS | | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|-------------------------------|-------------------------|---------|----------------------|---|--------------------------|--|
| TITLE | P/D | DELETE. | 1 1 TITLE | Change | ☐ Add-tion | |
| NAME | Heusen, Eren | | 1.2 NAME | | | |
| STREET ADDRESS | 75 Wall Street, 12th Fl | | 13 STREET ADDRESS | | | |
| DITY - ST - ZIP | New York, NY 10265 | | 1.4 CICY - \$1 - 21P | | | |
| ITLE | VP | DELETE | 2 1 TITLE | Change | Addition | |
| IAME | Hewitt, Peter G. | | 2 2 NAME | | | |
| STREET ADDRESS | 75 Wall Street, 12th Fl | | 2.3 STREET ADDRESS | | | |
| CITY - ST- ZIP | New York, NY 10265 | | 2.4 C-1 Y - ST - Z-P | | FTA ANADONA | |
| TITLE | Grieve, Margaret M. | DELETE | 3 1 TITLE | Change | Addition | |
| IAME | 75 Wall Street, 12th Fl | | 3 S NAME | | | |
| STREET ADDRESS | New York, NY 10265 | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | \$ | | 3 4 CiTY - S1 - 2IF | F1 A | TT Addition | |
| IITLE | T/V | DELETE | 4 1 THE | ☐ Change | Addition | |
| IAMÉ | Mandavia, Niketu | | 4.2 NAME | | | |
| STREET ADDRESS | 75 Wall Street, 12th Fl | | 4.3 STREET ACORESS | | | |
| CITY - ST - ZIP | New York, NY 10265 | | 4.4.0(Ty - 5T - ZIP | | ☐ Addition | |
| ITLE | D | DELETE | 5 1 TITLE | Change | Madition | |
| NAME | - | | 5.2 NAME | | | |
| STREET ADDRESS | Nobbs, Steve | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | 75 Wall Street, 12th F1 | | 5.4 CI1Y - ST - ZIP | | C Add S- | |
| TITLE | New York, NY 10265 | DELETE | 6 THILE, | 0000017865 69 * -04/19/9601012004 | Addition. | |
| NAME | D | | 62 NAME | | $\sum_{i=1}^{n} v_{i-1}$ | |
| STREET ADDRESS | O'Kane, John | | 63 STREET ADDRESS | ***200.00 | 14.1 | |
| | 75 Wall Street, 12th Fl | | CAT IX ST-7P | | - (| |

14. If do hereby devinal or kiemer's not possible this fing is voluntarily turnished and does not qualify for this exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this anisual 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 alternment with an address

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PETEL G HEWITT

4/15/96 212-412-2991

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Zip Code