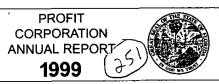
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000048956

Corporation Name

**BURLINGTON COAT FACTORY WAREHOUSE OF CORAL SPRIN** GS, INC.

Principal Place	e of Business	Mailing Address			1				
BURLINGTON C	OAT FACTORY	BURLINGTON COAT FACTORY							
C/O TAX DEPT		C/O TAX DEPT							
BURLINGTON NJ 08016		BURLINGTON NJ 08016			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incom	orated or Qualifed			Į
					06/30/19	94			\
2 Principal D	ace of Business	2a. Mailing Address			4. FEI Numbe			Apr	plied For
	ace of business	— ·			65-0505				t Applicable
21	<u> </u>	26			00-0000	700		\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of	of Status Desired		Fee Red	
22		27						<del>.</del>	<del></del>
City & State		City & State	City & State			ımpaign Financing	П	\$5.00	- 1
23		28			Trust Fund	Contribution		Added to	Fees د
Zip	Country	Zip Country			8. This corpor	ation owes the cur	rent year Inta		
24	25	29 30	0		Personal P	roperty Tax.		☐ Yes	□No
	9. Name and Address of Curren				10. Name and	Address of New	Registered A	gent	
			81	Name	_				_
REINSTEIN, ROBERT									
C/O BURLINGTON COAT FACTORY			82	Street A	Address (P.O. Box Nui	mber is Not Accept	able)		
12801 W. SUNRISE BLVD.			\			_			
		83						i	
SUN	RISE FL 33323		0.4	0.4				85 Zip C	-de
			84	City			FL	103 Esp C	,000
44 5	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	-named (	corporation submits th	is statement for the	nurnose of o	hanging its	registered
office or re	enistered agent or both in the State :	of Florida. Such change was auti	iorizea by	tne coroc	ration's board of direc	tors. I hereby acce	pt the appoin	tment as reç	jistered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	a Statutes						}
SIGNATURE									
OIGIWITONE	Signature, typed or printed name of registered agen		_	it signature re	equired when reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.			CHANGES TO OF	FICERS AND		
TITLE	DP	□ DELETE	1.1 TITLE		D P			Change	Addition
NAME	MILSTEIN, MONROE C		1.2 NAME		MILSTEIN,	MONROE	G.		
STREET ADDRESS	1830 ROUTE 130 N	·	1.3 STREE	ADDRESS					
CITY-ST-ZIP	BURLINGTON NJ		1.4 CITY-S	T-7IP	SAME SAME				
TITLE	DS	☐ DELETE	2.1 TITLE		DIRECTOR / SEC	RETARY	1. P	Change	Addition
	<del>-</del> -		2.2 NAME	İ	Marie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ø		
NAME	MILSTEIN, ANDREW			}	MILSTEIN	ANDREW	Α-		
STREET ADDRESS	1830 ROUTE 103 N		2.3 STREE	ADDRESS	SAME '				
CITY-ST-ZIP	BURLINGTON FL		2.4 CITY-5		SAME				
TITLE	DTS	☐ DELETE	3.1 TITLE	. ,	ASSISTANT SE			Change	Addition
NAME	MILSTEIN, HENRIETTA		3.2 NAME		MILSTEIN, H	<b>LENRIETTA</b>			
STREET ADDRESS	1830 ROUTE 130 N		3.3 STREE	TADDRESS	SAME				ì
	BURLINGTON NJ		3.4. CITY-5		SAME				
CITY-ST-ZIP			4.1 TITLE	11-ZIF				Change	Addition
TITLE	CFO		l .						
NAME	LA PENTA, ROBERT		4.2 NAME						
STREET ADDRESS	1830 ROUTE 130 N		4.3 STREE	FADDRESS					
CiTY-ST-ZIP	BURLINGTON NJ		4.4 CITY-S	T-ZIP					
TITLE	DT	☐ DELETE	5.1 TITLE		DIRECTOR/TA	PEASUAER /	V. P.	Change	X Addition
NAME	MILSTEIN, STEPHEN		5.2 NAME		MILSTEIN.	STEPHEN	I E.		)
Į	1830 ROUTE 130 N.		5.3 STREE	TADDRESS	, , <del>_</del> . ,		**		
STREET ADDRESS			5.4 CITY- S						
CITY-ST-ZIP	BURLINGTON NJ 08016		6.1 TITLE	1-71L	<u> </u>			Change	Addition
TITLE		☐ DELETE						□) cuange	La Hadison
NAME			6.2 NAME	ŀ					
STREET ANNOESS			6.3 STREE	T ADDRESS					

CITY-ST-ZIP 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 changes, or of the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-20-99

May 04, 1999 8:00 am Secretary of State

05-04-1999 90137 018 \*\*\*150.00

CR2E034 (11/98)

= 555 

**■**755

**=** 32