

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070867 (3)

1. Corporation Name

WORTH AVENUE STORES, INC.



Principal Place of Business

Mailing Address

~~11300 PROSPERITY FARMS ROAD, SUITE 112~~
PALM BEACH GARDENS FL 33410

~~11300 PROSPERITY FARMS ROAD, SUITE 112~~
PALM BEACH GARDENS FL 33410

C/O LOVE REALTY CO
P.O. BOX 2528

2. Principal Place of Business

21 250 WORTH AVENUE

2a. Mailing Address

26 P.O. BOX 2528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM BEACH FL 33480

27 City & State

28 PALM BEACH FL 33480

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

GROSSO, JOSEPH D ESQ.

~~11300 PROSPERITY FARMS ROAD, SUITE 112~~
PALM BEACH GARDENS FL 33410

81 Name

BURTON HANDELSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

250 WORTH AVENUE

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Printed name of registered agent and the applicable address.

(If the Registered Agent signature is required when re-registering.)

DATE

4/2/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

PD
HANDELSMAN, STEVEN
18 HOTEL DRIVE
WHITE PLAINS NY

VD
Stocker, Marsha
5 Love Lane
Harrison, NY

STD
Heaslip, Sandy
3 Love Lane
Harrison, NY

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***200.00

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 119.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN HANDELSMAN

4/2/96 914 761 8880
Date Day, Time, Phone #

CR2E034 (12/95)