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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90137 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024920

1. Corporation Name

BURLINGTON COAT FACTORY WAREHOUSE OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

801 NE 167 STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

% TAX DEPT.
1830 ROUTE 130 NORTH
BURLINGTON NJ 08016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

59-3500908

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1830 ROUTE 130 N.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 % TAX DEPT.

27

City & State

City & State

23 BURLINGTON, N.J.

28

Zip

Country

Zip

Country

24 08016

25

US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINSTEIN, ROBERT
% BURLINGTON COAT FACTORY
12801 W. SUNRISE BLVD.
SUNRISE FL 33323

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/DIRECTOR ☐ DELETE
NAME MILSTEIN, MONROE G.
STREET ADDRESS 1830 ROUTE 130 N.
CITY-ST-ZIP BURLINGTON, N.J. 08016

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SECRETARY/DIRECTOR/V.P. ☐ DELETE
NAME MILSTEIN, ANDREW R.
STREET ADDRESS 1830 ROUTE 130 N.
CITY-ST-ZIP BURLINGTON, N.J. 08016

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TREASURER/DIRECTOR/V.P. ☐ DELETE
NAME MILSTEIN, STEPHEN E.
STREET ADDRESS 1830 ROUTE 130 N.
CITY-ST-ZIP BURLINGTON, N.J. 08016

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CHIEF FINANCIAL OFFICER ☐ DELETE
NAME LA PENTA, ROBERT J.
STREET ADDRESS 1830 ROUTE 130 N.
CITY-ST-ZIP BURLINGTON, N.J. 08016

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ASSISTANT SECRETARY ☐ DELETE
NAME MILSTEIN, HENRIETTA
STREET ADDRESS 1830 ROUTE 130 N.
CITY-ST-ZIP BURLINGTON, N.J. 08016

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE OF ROBERT J. LA PENTA

4-20-99

609-387-2800

CR2E034 (11/98)