**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90080 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000095424

1. Corporation Name

) JULMAD	RETAIL SERVICES, INC.									
1						1 7000000 710 7		1311 <b>321</b> 12 <b>33</b> 27	12121 21111 21212	11 <b>1</b> 11 1111 1111
	·									
Principal Place of Business Mailing Address										
C/O PAVIA & HARCOURT C/O PAVIA & HARCOURT										
600 MADISON AVENUE 600 MADISON AVENUE							OO NOT WO	TE IN THIS	CDACE	
NEW YORK NY 10022 NEW YORK NY 10022						<del></del>	DO NOT WRI		SPACE	
	• .					3. Date Incorporate 11/12/1998	o or Qualifed			i
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	CO.4	_	Ap	plied For
21 26		26	<del></del> -			52-2129	094		] No	t Applicable
Suite, Apt. #, etc. Si 22		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		\$8.75 A Fee Re	
City & State City & State						6. Election Campai	on Financino		\$5.00	May Be
28		-		<b>-</b> -	Trust Fund Cont			Added to		
Zip Country Zip			Country	y		8. This corporation	owes the cur	rent year Int	angible	
24 25 29 30			ī .			Personal Proper		,		□No
<del></del>	9. Name and Address of Current	<del></del>	<del>'</del>			10. Name and Add		Registered	Agent	
,		<u></u>	81	Name	,					
CORPORATION SERVICE COMPANY				) <u> </u>	A	- (D.O. Day Number	in Ales Account	oblo)		
1201 HAYS STREET			82	Street	Addres	s (P.O. Box Number	is not Accept	aole)		
, TALLAHASSEE FL 32301-2525			83	1						
				<u> </u>	· 				<del></del>	
total as the first state				City				FL	85 Zip C	ode
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida, Such change was auth	the above	re-named the corps	d corpor	ation submits this stars board of directors.	tement for the I hereby acce	purpose of pt the appoi	changing its ntment as reg	registered gistered
_	and coope and congular				ن ۋەۋ	رز ستاعات				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature	required w	hen reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHA	NGES TO OF	FICERS AN	ID DIRECTO	-
TITLE	President DELETE		1.1 TITLE						Change	Addition
NAME	John McLaughlin		1.2 NAME							
STREET ADDRESS	148 West 37th S	treet.14th Fl.	1.3 STREE	ET ADDRESS	3					Ì
CITY-ST-ZIP			1.4 CITY-5	ST- ZIP						
TITLE	New York, NY 101 Vice President	☐ DELETE	2.1 TITLE				_		☐ Change	☐ Addition
NAME	Kevin McLaughli	n i	2.2 NAME		}					
STREET ADDRESS	148 West 37th S		2.3 STREE	TADDRESS	s			•		{
CITY-ST-ZIP	New York, NY 10	018-6909	2. 4 CITY-		Ì					
TITLE	Secretary	☐ DELETE	3.1 TITLE		1				Change	Addition
NAME	-Steven Siegler	ماداد المادي الماداد ا	3.2 NAME	٠.	-	-			-	-
STREET ADDRESS	148 West 37th S	treet.14th Fl	3.3 STREE	T ADDRESS	3					
CITY-ST-2)P	New York, NY 10	018-6909	3.4. CITY-	ST-ZIP						
TITLE	Director	DELETE	4.1 TITLE						☐ Change	Addition
NAME	Steven Siegler		4. 2 NAME	:	[					
STREET ADDRESS	148 West 37th S	treet.14th Fl		T ADORESS	; {					
CITY-ST-ZIP	New York, NY 10	-	4.4 CITY-5							
TITLE	Director	DELETE	5.1 TITLE		1				Change	☐ Addition
NAME	Kevin McLaughli	_	5.2 NAME		1					
STREET ADDRESS				ET ADDRESS	3					
STALL I ADDITESS	TAO MERE 3/01 9	いてにらい ておいけ セナー			J					

CITY-ST-ZIP New York 10018-6909 64 CITY-ST-ZIP down this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information CITY-ST-ZIP 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 of on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

New York, NY 10018-6909

148 West 37th Street, 14th Fl

Director

John McLaughlin

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

QUSTEVEN Siegler, Secretary SIGNING OFFICER OR DIRECTOR

Ext.

Change

☐ Addition