Mailing Address

% COHEN. GERSHMAN & WAKIM, P.C.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$00049**

1. Corporation Name

Principal Place of Business % COHEN, GERSHMAN & WAKIM, P.C.

MANUFACTURER'S MALL OF OCALA, INC.

2410 ALBANY AVENUE WEST HARTFORD CT 06117		2410 ALBANY AVENUE WEST HARTFORD CT 06117		DO NOT WRITE IN TH	IS SPACE		
WEST HARTFORD OF COTTY					3. Date Incorporated or Qualifed		
					09/12/1990		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	V. Palmetto Park Rd.	26			65-0235651	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional
22 408	-	27			5. Certifcate of Status Desired	Fee Re	equired
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
	Boca Raton, FL			Trust Fund Contribution		Added t	to Fees
Zip	1000011 12		Country		8. This corporation owes the current year I	ntangible	
24 33433	3 25 USA 29 30				Personal Property Tax.	Yes	₩No
= 1 55 15 <u>5</u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			Ì
CORPORATION SERVICE COMPANY			82	Street A	Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET			1	O. OCT			
TALL	AHASSEE FL 32301-2525		83				
}			84	City		. 85 Zip	Code
}			04	City	F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named c	orporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	์ Florida. Such change was autr	norized by	tne corpo	ration's board of directors. I hereby accept the app	ointment as re	gistered
(	m tarrinar that, and accept the engine	,,			-		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	it signature re	quired when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent of OFFICERS AND		egistered Ager	t signature re	quired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS		
				nt signature re	40.00 41.01 (0.000.01)	AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature re	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME	D KONOVER, SIMON	DIRECTORS	13. 1.1 TITLE 1.2 NAME	(ADDRESS	ADDITIONS/CHANGES TO OFFICERS	<b>™</b> Change	☐ Addition
12. TITLE NAME STREET ADDRESS	D KONOVER, SIMON % 7000 W PALMETTO PK RD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	(ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	(ADDRESS	ADDITIONS/CHANGES TO OFFICERS	<b>™</b> Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	r address t-zip	ADDITIONS/CHANGES TO OFFICERS	<b>™</b> Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P.	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICERS A C/P/D VP/D	<b>™</b> Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICERS OF C/P/D  VP/D  Vice President	<b>™</b> Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICERS.  C/P/D  VP/D  Vice President Richard C. Liljedahl	* Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O	DIRECTORS  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICERS OF C/P/D  VP/D  Vice President	* Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED 3757 N.W. 52ND STREET	DIRECTORS  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS.  C/P/D  VP/D  Vice President Richard C. Liljedahl	Change  Change	☐ Addition ☐ Addition  3 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS OF C/P/D  VP/D  Vice President Richard C. Liljedahl 2410 Albany Avenue	* Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED 3757 N.W. 52ND STREET BOCA RATON FL	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS A C/P/D  VP/D  Vice President Richard C. Liljedahl 2410 Albany Avenue West Hartford, CT 06117	Change  Change	☐ Addition ☐ Addition  3 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED 3757 N.W. 52ND STREET BOCA RATON FL O ASHENFELTER, MARIA	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	VP/D  Vice President Richard C. Liljedahl 2410 Albany Avenue West Hartford, CT 06117 Secretary James Wakim 2410 Albany Avenue	Change  Change	☐ Addition ☐ Addition  3 Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED 3757 N.W. 52ND STREET BOCA RATON FL O ASHENFELTER, MARIA 7400 SW 13TH ST	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	VP/D  Vice President Richard C. Liljedahl 2410 Albany Avenue West Hartford, CT 06117 Secretary James Wakim	Change  Change	Addition Addition  **Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KONOVER, SIMON % 7000 W PALMETTO PK RD BOCA RATON FL D ROSEN, JONATHAN P. 40 E 69 ST NEW YORK NY O STEINMARK, FRED 3757 N.W. 52ND STREET BOCA RATON FL O ASHENFELTER, MARIA	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	VP/D  Vice President Richard C. Liljedahl 2410 Albany Avenue West Hartford, CT 06117 Secretary James Wakim 2410 Albany Avenue	Change  Change	☐ Addition ☐ Addition  3 Addition

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 suppliemental 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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

C/TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME Richard C. Liljedahl SIGNING OFFICER OR DIRECTOR  ${\mathscr A}$ ice President

DELETE

2410 Albany Avenue

West Hartford, CT 06117

**FILED** 

**Secretary of State** 

03-31-1999 90004 003 \*\*\*150.00

Mar 31, 1999 8:00 am

Change

Addition

SR2E034 (11/98)