

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S39855 (9)

1. Corporation Name

FESTIVAL SHOPPES L.T., INC.

Principal Place of Business

**6 BRIGHTON RD
P O BOX 5108
CLIFTON NJ 07015**

Mailing Address

**6 BRIGHTON RD
P O BOX 5108
CLIFTON NJ 07015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1991

3a. Date of Last Report

03/18/1994

4. FEI Number

58-1984525

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	AXELROD, NORMAN	6 BRIGHTON RD	CLIFTON NJ
V	GILES, WILLIAM	6 BRIGHTON RD	CLIFTON NJ
S	DICK, DAVID	6 BRIGHTON RD	CLIFTON NJ
D	BRENNAN, MICHAEL	ONE THEALL RD	RYE NY
D	RICHARDS, ARTHUR	ONE THEALL RD	RYE NY
D	OURAISHI, SHAHD	ONE THEALL RD	RYE NY

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	☐	☐
2.2 NAME	☐	☐
2.3 STREET ADDRESS	☐	☐
2.4 CITY - ST - ZIP	☐	☐
3. 1 TITLE	☐	☐
3.2 NAME	☐	☐
3.3 STREET ADDRESS	☐	☐
3.4 CITY - ST - ZIP	☐	☐
4. 1 TITLE	☐	☐
4.2 NAME	☐	☐
4.3 STREET ADDRESS	☐	☐
4.4 CITY - ST - ZIP	☐	☐
5. 1 TITLE	☐	☐
5.2 NAME	☐	☐
5.3 STREET ADDRESS	☐	☐
5.4 CITY - ST - ZIP	☐	☐
6. 1 TITLE	☐	☐
6.2 NAME	☐	☐
6.3 STREET ADDRESS	☐	☐
6.4 CITY - ST - ZIP	☐	☐

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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID DICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-95 217781300

Date

Signature Number