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**Feb 06 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P04716 (7)

1. Corporation Name
H.H.B.K., INC.



Principal Place of Business: **C/O HANOVER DIRECT, INC. 1500 HARBOR BLVD WEEHAWKEN NJ 07087 US**
Mailing Address: **C/O HANOVER DIRECT, INC. 1500 HARBOR BLVD WEEHAWKEN NJ 07087-6732 US**

3. Date Incorporated or Qualified: **01/21/1985**
3a. Date of Last Report: **06/24/1996**

2. Principal Place of Business: **c/o Hanover Direct, Inc.**
2a. Mailing Address: **c/o Hanover Direct, Inc.**

4. FEI Number: **13-2770055**
Applied For: Not Applicable

22. **1500 Harbor Blvd.**
27. **1500 Harbor Blvd.**

6. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. **Weehawken, NJ**
28. **Weehawken, NJ**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. **07087** Country: **Hudson**
29. **07087** Country: **Hudson**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARTEN, WAYNE	
STREET ADDRESS	1500 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, EDWARD	
STREET ADDRESS	1500 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven J. Montaperto	
1.3 STREET ADDRESS	c/o Hanover Direct, Inc., 1500 Harbor Blvd.	
1.4 CITY-ST-ZIP	Weehawken, NJ 07087	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____ **1/10/97** **201-863-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)