

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849378** (5)

1. Corporation Name  
**HOLLANDER HOME FASHIONS CORP.**



Principal Place of Business: **6560 WEST ROGERS CIRCLE BOCA RATON FL 33487**  
Mailing Address: **6560 WEST ROGERS CIRCLE BOCA RATON FL 33487**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	County	30	County

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/08/1981</b>	<b>03/24/1995</b>
4. FEI Number	Applied For / Not Applicable
<b>22-1621577</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HOLLANDER, LEO  
6560 WEST ROGERS CIRCLE  
BOCA RATON FL 33487**

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 607.05(2) and 607.16(2), 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 607.06(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CS</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLANDER, LEO</b>	2. NAME	
STREET ADDRESS	<b>6560 W. ROGERS CIRCLE</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	4. CITY-STATE-ZIP	
TITLE	<b>P</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLANDER, JEFFREY</b>	6. NAME	
STREET ADDRESS	<b>6560 W. ROGERS CIRCLE</b>	7. STREET ADDRESS	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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 included 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 register 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, on an attachment with an address.

SIGNATURE: **Jeffrey Hollander** 3/27/96 407-997-6900

CR2E034 (12/95)