

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586365 (9)

1. Corporation Name
JILLY-BEAMAR INDUSTRIES, INC.



Principal Place of Business 530 7 AVENUE NEW YORK NY 10018	Mailing Address 530 7 AVENUE NEW YORK NY 10018
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/13/1978	3a. Date of Last Report 05/17/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1900901	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLINDER, STEVEN C. 7770 WEST OAKLAND PARK BOULEVARD SUNRISE FL 33321	10. Name and Address of New Registered Agent
	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 _____ (Signature, typed or printed name of registered agent and then if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME PD HARRISON, MARK	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	120 EAST 34TH STREET	12 NAME	
CITY-ST-ZIP	NEW YORK NY	13 STREET ADDRESS	
	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
TITLE		21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY-ST-ZIP	
CITY-ST-ZIP		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	42 NAME	
TITLE		43 STREET ADDRESS	
NAME		44 CITY-ST-ZIP	
STREET ADDRESS		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		52 NAME	
	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	
NAME		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96 2123985851

CR2E034 (3/96)