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**May 19 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 # 848085 (7)
1. Corporation Name
JEAN NICOLE, INC.



Principal Place of Business
**70 ENTERPRISE AVENUE
SECAUCUS NJ 07094**

Mailing Address
**70 ENTERPRISE AVENUE
SECAUCUS NJ 07094**

3. Date Incorporated or Qualified: **01/27/1981** 3a. Date of Last Report: **05/01/1996**

4. FEI Number: **13-3052764** 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 **150 Meadowland Parkway**
Suite, Apt. #, etc.

2a. Mailing Address
26 **150 Meadowland Parkway**
Suite, Apt. #, etc.

22 City & State
27

23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BERSIA, MARIE-FRANCIS
% STUARTS/STUARTS PLUS #3201
4250 ALAFAYA TRAIL, #184
OVIEDO FL 32765**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETER, LEFT A.	
STREET ADDRESS	70 ENTERPRISE AVE.	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MICHAEL, JACKSON J.	
STREET ADDRESS	70 ENTERPRISE AVE.	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MICHAEL, ABATE A.	
STREET ADDRESS	70 ENTERPRISE AVE.	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, HEMINOVER	
STREET ADDRESS	70 ENTERPRISE AVE.	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERNA, GIBSON	
STREET ADDRESS	70 ENTERPRISE AVE.	
CITY-ST-ZIP	SECAUCUS NJ	
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	Edwin J. Holman	
1.3 STREET ADDRESS	150 Meadowland Parkway	
1.4 CITY-ST-ZIP	SECAUCUS NJ 07094	
2.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	150 Meadowland Parkway	
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President / Tax	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	150 Meadowland Parkway	
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Daniel L. Anderson	
4.3 STREET ADDRESS	150 Meadowland Parkway	
4.4 CITY-ST-ZIP	SECAUCUS, NJ 07094	
5.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL B. McVARR	
5.3 STREET ADDRESS	150 Meadowland Parkway	
5.4 CITY-ST-ZIP	SECAUCUS, NJ 07094	
6.1 TITLE	CEO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gerald M. Chaney	
6.3 STREET ADDRESS	150 Meadowland Parkway	
6.4 CITY-ST-ZIP	SECAUCUS, NJ 07094	

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, changed, or on an attachment with an address.

SIGNATURE: *Michael A. Abate* **REQUIRED** / Michael A. Abate
Date: _____ Daytime Phone #: 201 583-3299

CR2E034 (9/96)