

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 150 Meadowland Parkway		26 150 Meadowland Parkway		01/27/1981		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		13-3052764		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip		27 Country		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip		29 Country		7. 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		10. Name and Address of New Registered Agent	
BERSIA, MARIE-FRANCIS % STUARTS/STUARTS PLUS #3201 4250 ALAFAYA TRAIL, #184 OVIEDO FL 32765		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/Director
NAME	PETER, LEFT A.	1.2 NAME	Edwin J. Helman
STREET ADDRESS	70 ENTERPRISE AVE.	1.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP	SECAUCUS NJ	1.4 CITY-ST-ZIP	SECAUCUS NJ 07094
TITLE	VSD	2.1 TITLE	Senior Vice President
NAME	MICHAEL, JACKSON J.	2.2 NAME	
STREET ADDRESS	70 ENTERPRISE AVE.	2.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP	SECAUCUS NJ	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	Vice President / Tax
NAME	MICHAEL, ABATE A.	3.2 NAME	
STREET ADDRESS	70 ENTERPRISE AVE.	3.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP	SECAUCUS NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Treasurer
NAME	BARTON, HEMINOVER	4.2 NAME	Daniel L. Anderton
STREET ADDRESS	70 ENTERPRISE AVE.	4.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP	SECAUCUS NJ	4.4 CITY-ST-ZIP	SECAUCUS, NJ 07094
TITLE	D	5.1 TITLE	Secretary / Director
NAME	VERNA, GIBSON	5.2 NAME	MICHAEL B. McVern
STREET ADDRESS	70 ENTERPRISE AVE.	5.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP	SECAUCUS NJ	5.4 CITY-ST-ZIP	SECAUCUS, NJ 07094
TITLE		6.1 TITLE	CFO / Director
NAME		6.2 NAME	Gerald M. Chaney
STREET ADDRESS		6.3 STREET ADDRESS	150 Meadowland Parkway
CITY-ST-ZIP		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
Signature and typed or printed name of signing officer or director
Date: _____ Daytime Phone #: 201 583-3299