

NOTICE: CORPORATION WILL BE DISSOLVED OR AFTER SEPTEMBER 30, 1998.  
 MUST BE PAID DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 848085

(7)

JÉAN NICOLE, INC.

FILED

98 OCT 26 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: MEADOWLAND PKY, JUCUS NJ 07094  
 Mailing Address: 150 MEADOWLAND PKY, SECAUCUS NJ 07094, US

DO NOT WRITE IN THIS SPACE

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>01/27/1981  |                                |
| 4. FEI Number<br>13-3052764  | Applied For<br>Not Applicable  |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |   |  |  |  |          |  |
|---|--|---|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent<br>BERSIA, MARIE-FRANCIS<br>% STUARTS/STUARTS PLUS #3201<br>4250 ALAFAYA TRAIL, #164<br>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  |  |
| 85 Zip Code   |  | FL  |  | 85   |  | Zip Code |  |

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.

NATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| PD<br>HOLMAN, EDWIN J<br>150 MEADOWLAND PKY<br>SECAUCUS NJ      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| SVP<br>MICHAEL, JACKSON J.<br>150 MEADOWLAND PKY<br>SECAUCUS NJ | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| VPTT<br>ABATE, MICHAEL A<br>150 MEADOWLAND PKY<br>SECAUCUS NJ   | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| T<br>ANDERTON, DANIEL L<br>150 MEADOWLAND PKY<br>SECAUCUS NJ    | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD<br>MCLEARN, MICHAEL B<br>150 MEADOWLAND PKY<br>SECAUCUS NJ   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CFOD<br>CHANEY, GERALD M<br>150 MEADOWLAND PKY<br>SECAUCUS NJ   | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 -10/28/98-01083-007  
 \*\*\*1100.00 \*\*\*550.00

T RONALD THAU  
 150 MEADOWLANDS PARKWAY  
 SECAUCUS, NJ 07094

96-28-98

I 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: MICHAEL A. ABATE, PRESIDENT - TAX

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CR2E04 (5/98)