

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

PROFIT CORPORATION
ANNUAL REPORT
1998
DOCUMENT # 848085 (7)
JEAN NICOLE, INC.



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

FILED
98 OCT 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3052764	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent BERSIA, MARIE-FRANCIS % STUARTS/STUARTS PLUS #3201 4250 ALAFAYA TRAIL, #164 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	

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 HOLMAN, EDWIN J 150 MEADOWLAND PKY SECAUCUS NJ	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SVP MICHAEL, JACKSON J. 150 MEADOWLAND PKY SECAUCUS NJ	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
VPTT ABATE, MICHAEL A 150 MEADOWLAND PKY SECAUCUS NJ	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
T ANDERTON, DANIEL L 150 MEADOWLAND PKY SECAUCUS NJ	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
SD MCLEARN, MICHAEL B 150 MEADOWLAND PKY SECAUCUS NJ	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CFOD CHANEY, GERALD M 150 MEADOWLAND PKY SECAUCUS NJ	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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
VICE PRESIDENT - TAX

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***1100.00 ***550.00
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10-28-98

CR2E04 (5/98)