

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|   |  |
|---|--|
| CORPORATION<br>ANNUAL REPORT<br><b>1996</b> | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|--|

**DOCUMENT # F94000006126**

1. Corporation Name

**JANE STEINBERG INC**

Principal Place of Business

Mailing Address

**13572 40TH STREET NORHT  
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Zip

**24**

**25**

Country

**29**

Country

**30**

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| <b>08/03/94</b>   | <b>N/A</b>  |
| 4. FEI Number   | Applied For   |
| <b>65-0522087</b>   | 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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**JANE STEINBERG**

**JANE STEINBERG INC  
THREE CHRISTINA CENTER  
201 N. WALNUT STREET  
WILMINGTON, DE 29801**

**13572 40<sup>TH</sup> ST N  
ROYAL PALM Beach  
FL 33411**

|    |  |                                  |              |
|----|--|----------------------------------|--------------|
| 81 | Name   | <b>JANE STEINBERG, PRESIDENT</b> |              |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | <b>13572 40TH STREET NORTH</b>   |              |
| 83 |  |                                  |              |
| 84 | City   | <b>ROYAL PALM BEACH</b>          | Zip Code     |
|    |  | <b>FL</b>                        | <b>33411</b> |

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: **JANE STEINBERG**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRESIDENT: JANE STEINBERG<br/>13572 40TH STREET NORHT<br/>ROYAL PALM BEACH, FL 33411</b> | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP | <b>4000001804304<br/>-05/02/96--01014-00</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>***200.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 199.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: JANE STEINBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANE STEINBERG**

**4/19/96 107-791-4511**

Date

Daytime Phone

**TM-26**