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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 29 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H06533

(4)

JEAN'S	YARN WAREHOUSE, INC				
Principal Place of Business 8541 W MCNAB ROAD TAMARAC FL 33321 US		Mailing Address C/O JEAN ISRAEL 5810 NW 84TH AVENUE TAMARAC FL 33321-4544			
		US		 Date Incorporated or Qualified 06/05/1984 	3a. Date of Last Report 01/26/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEt Number 59-2510315	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	θ	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29 :	Country 30	8. This corporation has liability fo Florida Statutes	r intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
	AEL, JEAN		81 Name		
	0 N.W. 84TH AVE. MARAC FL 33321		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
i			83		F
			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 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 a	gent and tille flappicable (NOTE:	Registered Agent signature requ	ured when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	☐ DELETE	1.1 TOLE		Change Addition
NAME	ISRAEL, JEAN		1.2 NAME		
STREET ADDRESS	5810 N.W. 84TH AVE.		1 3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	DELETE	1.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	2.1 TrillE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-ST-ZIP 3 1 TIFLE		Change Addition
NAME			3 2 NAME		**,
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY ST-ZIP		
TITLE		DELF16	4.1 TITLE		Change Addition
NAME			4, 2 NAME		Ì
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME .		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

1 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 eath; 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 3 if changed, or on an attachment with an address.