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FILED
Apr 11 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 # **H09533** (1)
1. Corporation Name
BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILLE, INC.

Principal Place of Business

1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGTON NJ 08016
US

Mailing Address

1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGTON NJ 08016-3017
US

3. Date Incorporated or Qualified
06/26/1984

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2434816

Applied For
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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REINSTEIN, ROBERT
% BURLINGTON COAT FACTORY
12801 W. SUNRISE BLVD.
SUNRISE FL 33323**

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

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILSTEIN, MONROE	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILSTEIN, ANDREW	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MILSTEIN, HENRIETTA	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	MILSTEIN, HENRIETTA	
STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	LE PENTA, ROBERT	
STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LAPENTA

4-2-97

609-387-7300

Date

Daytime Phone #

0487896

CR2E034 (9/96)