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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2434816	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINSTEIN, ROBERT % BURLINGTON COAT FACTORY 12801 W. SUNRISE BLVD. SUNRISE FL 33323				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEIN, MONROE	1.2 NAME	
STREET ADDRESS	1830 RT 130 N	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NJ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEIN, ANDREW	2.2 NAME	
STREET ADDRESS	1830 RT 130 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NJ	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEIN, HENRIETTA	3.2 NAME	
STREET ADDRESS	1830 RT 130 N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NJ	3.4 CITY-ST-ZIP	
TITLE	TRES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEIN, HENRIETTA	4.2 NAME	
STREET ADDRESS	1830 ROUTE 130 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NJ	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPENTA, ROBERT	5.2 NAME	LA PENTA, ROBERT
STREET ADDRESS	1830 ROUTE 130 NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NJ	5.4 CITY-ST-ZIP	
TITLE	TREASURER / DIRECTOR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN MILSTEIN	6.2 NAME	
STREET ADDRESS	1830 ROUTE 130 N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON N.J. 08016	6.4 CITY-ST-ZIP	

14. 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 \_\_\_\_\_ C.F.O. 4-20-98 609-387-800

CR2E034 (10/97)