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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		Secret DIVISION OF	ary of Star CORPOR		ONS						
DOCU 1. Corporatio	MENT # H712	230	(7)									
	RAG SHOP/NORTH LAUD	FRNAI F	E INC									
11,6	THIS OHO! MOITH EADD	LIIDALL	-11110-									ľ
Principal Place	e of Business	Ma	iling Address	··			·					
TAM O'SHANTER PLAZA 1229 S STATE RD 7 N LAUDERDALE FL 33068 US			TH RAG SHOP/NORTH LAUDE 111 WAGARAW RD HAWTHORNE NJ 07506 US			LE,INC.		3. Date Incorporated or Qualified	3a Dob	e of Last F	Demont	,
			00					08/14/1985	Ga. Date	04/27/		1
2. Principal Pl	lace of Business	1	Mailing Address					4. FEI Number			Applied For	
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.					59-2588179			Not Applicable)
22		27	Some, Apr. #, etc.					5. Certificate of Status Desired			5 Additional Required	
City & State 23	6	28	City & State					Election Campaign Financing Trust Fund Contribution		\$5.0	May Be	
Zip 24	Country 25		Zip	Cou	ntry			8. This corporation has liability for				
[57]	9. Name and Address of Curre	29 nt Registe	ered Agent	30				Florida Statutes Yes 10. Name and Address of New R		Acont		4
					81	Name		o. Halle and Address of New h	egistered	Agent	· · · · · · · · · · · · · · · · · · ·	-
PREN	TICE-HALL CORPORATION SYS	TEM, INC) .	į	82	Street A	ddress	(P.O. Box Number is Not Acceptab	lo\			_
1201	HAYES STREET						(* 10. Box Normber is Not Acceptab	ie)				
SUITE					83							٦
TALLA	NHASSEE FL 32301				84	City				85 Z	p Code	-
11. Pursuant t	to the provisions of Sections 607,050	2 and 607	1508. Florida Statute	s the abo	10.72	amed cor	noratio	Submits this statement for the	FL	} [•	
or register familiar wi	to the provisions of Sections 607,050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida, Such d tion 607 0:	change was authorize	d by the c	orpo	pration's t	polation	directors. Thereby accept the appoint	pose of the pintment as	reging its i	registered offic I agent. I am	₽
SIGNATURE												
12.	Signature, typed or printed name of registered ager			t : Flogistered	Agent	signature rec	quired whe		DATE			16
TITLE	OFFICERS AN	ID DIRECT	ORS DELETE	13. 1.1 Ti	T1 C		C/ 1	ADDITIONS/CHANGES TO OFFI				CR2E034 (12/95)
NAME	BERENZWEIG, STANLEY		C Descri	1.2 NA			- , .		P	Change	Addition	
STREET ADDRESS	111 WAGARAW RD.,RAG	SHOP				ADDRESS						8
CITY-ST-ZIP	HAWTHORNE NJ			14 CI	Y-ST	- 7IP	HAWT	HOLNE, NJ 07506				焬
TITLE	\$		DELETE	2. 1 1	ILE				Ď	C hange	☐ Addition	⊣Ե
NAME STREET ADDRESS	BERENZWEIG, DORIS	ni ion		2.2 NA	ME							
STREET ADDRESS CITY-ST-ZIP	111 WAGARAW RD.,RAG : HAWTHORNE NJ	SHUP		- 1		DDRESS						
TITLE	V		DELETE	2 4 CH 3 1 Tr		- Z(P 4 1	MWI	horne, at 07506		Channa	First Address	4
NAME	LOMBARDO, JUDITH			3.2 NA					Ľ	Change	Addition	
STREET ADDRESS	111 WAGARAW RD.,RAG	SHOP				ADDRESS						
CITY-ST-ZiP	HAWTHORNE NJ	** Plate b		3 4 017	Y-ST-	-ZIP	How	HOPLIE, NJ 07506				
THILE	V		DELETE	4. 1 Til	LE				Σ	₫ Change	☐ Addition	7
NAME RIGGET ADODESS	BERENZWEIG, EVAN	NIOD.		4.2 NA								İ
STREET ADDRESS CITY-ST-ZIP	111 Wagaraw RD.,Rag (Hawthorne NJ	DRUP				DDRESS						
TITLE	VTD		DELETE	4.4 CIT		ZIP	yrw t	HORNE, NJ 07506	<u> </u>	Change	☐ Addition	4
NAME	BARNETT, STEVEN			5.2 NA					LZ	A numbe	☐ Woonnou	
STREET ADDRESS	111 WAGARAW RD.,RAG	HOP		- 1		DDRESS						
CITY-SI-ZIP	HAWTHORNE NJ			5.4 Crī	r-st-	ZIP /	HAWI	HORNE, NJ 07506				
TITLE			DELETE	6. 1 T ₁ T			7/ L	,		Change	Addition	7
NAME STREET ADDRESS				6.2 NAI				NSON, MICHAEL	-111- 6			
City-ST-ZIP						DDRESS	// W	IAGARAW ROAD, RAG	SHOP			
	certify that the information supplied	with this fil	oo is voluntarily furnis	64 CIT	(-SI-	ZIP //	MWT	HOPAE, NJ 07506	2/0///3 **	a Activ		_

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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.

GNATURE:

**BIGHATURE AND TYPPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: