

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H71230** (7)
1. Corporation Name
THE RAG SHOP/NORTH LAUDERDALE, INC.



Principal Place of Business TAM O'SHANTER PLAZA 1229 S STATE RD 7 N LAUDERDALE FL 33068 US	Mailing Address TH RAG SHOP/NORTH LAUDERDALE, INC. 111 WAGARAW RD HAWTHORNE NJ 07506 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Freddy's Plaza Suite, Apt. #, etc. 22 1746 North Federal Highway City & State 23 Fort Lauderdale, Fla Zip 24 33305 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/14/1985	
		4. FEI Number 59-2588179		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, STANLEY	1.2 NAME	
STREET ADDRESS	111 WAGARAW RD., RAG SHOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, DORIS	2.2 NAME	
STREET ADDRESS	111 WAGARAW RD., RAG SHOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JUDITH	3.2 NAME	
STREET ADDRESS	111 WAGARAW RD., RAG SHOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, EVAN	4.2 NAME	
STREET ADDRESS	111 WAGARAW RD., RAG SHOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STEVEN	5.2 NAME	
STREET ADDRESS	111 WAGARAW RD., RAG SHOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONSON, MICHAEL	6.2 NAME	
STREET ADDRESS	111 WAGARAW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	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:

[Signature] *[Signature]* *[Signature]*

CR2E034 (10/97)