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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J09115

(3)

THE RAG SHOP/PALM BEACH GARDENS INC.

FILED May 19 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address		. I ABNITION BEITT MÜTLE MANNE FRÜHEL FRÜHE MEINT MEMET MEMET MEMET MEMET FRÜH	
4230 N. LAKE I	gardens shopping plaza Boulevard Gardens fl 33410	THE RAG SHOP/PALM BEACH 111 WAGARAW RD HAWTHORNE NJ 07508-2720	I GARDENS INC			
US		US		3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 05/01/1996	
· · · · · · · · · · · · · · · · · · ·	Hace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	· · · · · · · · · · · · · · · · · · ·	26 THE PLAGE SHOP/FAILM B	beach garobas, in	k. 59-2663739	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	1040	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	10	27 /// WA6-ARAW 1 City 8 State				
23 City & Stat	į E	28 HAWTHORNE,	NJ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Zip	Country	8. This corporation has liability for		
24	25	29 07506-2711 30	سراد ا		Yes No	
	9. Name and Address of Currer			10. Name and Address of New R	egistered Agent	
PRE	NTICE-HALL CORPORATION SYS	STEM, INC.	81 Name			
	HAYES STREET	•	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105			OZ SILGEL ACI	diess (F.O. Box Nulliper is Not Accepts	(Ole)	
	LAHASSEE FL 32301		83			
			84 City		85 Zip Code	
			84 City		FL 85 Zip Code	
11. Pursuant office or agent 1s	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	12 and 607.1508, Florida Statutes, of Florida. Such change was aut ations of, Section 607.0505, Florid	, the above-named co horized by the corpor da Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE	Signature, Typed or printed name of registered agr	ont and title if applicable (NOTE: F	Registered Agent signature reg	uvired when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
11/11	CD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BERENZWEIG, STANLEY		1.2 NAME			
STREET ADDRESS	111 WAGARAW RD.,RAG SHOI	P	1.3 STREET ADDRESS			
City-St-7iP	HAWTHORNE NJ		1.4 CITY-ST-ZIP H	HAWTHORNE, NJ 075	06	
THE	\$	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BERENZWEIG, DORIS		2.2 NAME			
STREET ADDRESS	111 WAGARAW RD.,RAG SHOI	P	2.3 STREET ADDRESS			
City St zil:	HAWTHORNE NJ		2.4 CITY-ST-ZIP	AWTHORNE, NJ 075	06	
TITLE	V	DELETE	3.1 TITLE		Change Addition	
NAME	LOMBARDO, JUDITH	_	3.2 NAME			
STREET ADORESS	111 WAGARAW RD.,RAG SHO	P	3.3 STREET ADDRESS			
CHTY - ST- ZIP	HAWTHORNE NJ		34.CITY-ST-ZIP H	AWTHORNE, NJ 0750		
TIFLE	V	☐ DELETE	4.1 TIFLE		Change	
NAME	BERENZWEIG, EVAN	_	4. 2 NAME			
STHEET ADDRESS	I	Υ	4.3 STREET ADDRESS		_	
C TY - ST - ZIP	HAWTHORNE NJ			AWTHORNE, NJ 0750		
THTLE	VTD	DELETE	5.1 TITLE		Change	
NAME	BARNETT, STEVEN		5.2 NAME		•	
STREET ADDRESS	111 WAGARAW RD.,RAG SHO	•	5.3 STREET ADDRESS			
CITY - ST - ZIP	HAWTHORNE NJ	Florere		awthorne, NT 0750		
Tilité	PD	DELETE	6.1 TITLE		Change	
NAME	AARONSON, MICHAEL	\n	6.2 NAME			
STREET ADDRESS	111 WAGARAW RD., RAG SHO	IT .	6.3 STREET ADDRESS	مستحد فعمل مستقالت	_	
CITY-ST-ZIP	HAWTHORNE NJ		64 CITY-ST-ZIP	awthorne, NJ 0750	<u> </u>	

14. I 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 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR VICE PLESIOENT

APR 1 7 1997

(201) 423-130