


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**  
 08-24-1999 90010 001 \*3,000.00

U122991

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J27747**  
 1. Corporation Name  
**THE RAG SHOP/SUNRISE, INC.**



Principal Place of Business PINE PLAZA SHOP CTR 4151 NW 88TH AVE SUNRISE FL 33321 US	Mailing Address THE RAG SHOP/SUNRISE INC 111 WAGARAW RD HAWTHORNE NJ 07506 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>08/07/1986</b>	
4. FEI Number <b>58-1693588</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

TITLE CD	NAME BERENZWEIG, STANLEY	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD.,RAG SHOP	CITY-ST-ZIP HAWTHORNE NJ	
TITLE S	NAME BERENZWEIG, DORIS	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD.,RAG SHOP	CITY-ST-ZIP HAWTHORNE NJ	
TITLE V	NAME LOMBARDO, JUDITH	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD.,RAG SHOP	CITY-ST-ZIP HAWTHORNE NJ	
TITLE V	NAME BERENZWEIG, EVAN	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD.,RAG SHOP	CITY-ST-ZIP HAWTHORNE NJ	
TITLE VTD	NAME BARNETT, STEVEN	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD.,RAG SHOP	CITY-ST-ZIP HAWTHORNE NJ	
TITLE PD	NAME AARONSON, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS 111 WAGARAW RD., RAGSHOP	CITY-ST-ZIP HAWTHORNE NJ	

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 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: Michael Aaronson 8/1/99 9734231303

CR2E034 (5/99)