


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

FILED  
May 21 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J78821 (2)</b> 1. Corporation Name <b>THE RAG SHOP/PEMBROKE PINES, INC.</b>					
Principal Place of Business <b>UNIV. MKT. PLACE SHOP CTR 8100 PINES BLVD PEMBROKE PINES FL 33024 US</b>			Mailing Address <b>THE RAG SHOP/PEMBROKE PINES, INC. 111 WAGARAW ROAD HAWTHORNE NJ 07506 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/22/1987</b> 4. FEI Number <b>59-2827027</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301</b>				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 <b>FL</b>	
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: Type or printed name of registered agent and file 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 ROAD		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 ROAD		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	BERENZWEIG, EVAN		3.2 NAME		
STREET ADDRESS	111 WAGARAW ROAD		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	LOMBARDO, JUDITH.		4.2 NAME		
STREET ADDRESS	111 WAGARAW ROAD.		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 ROAD.		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 RAG SHOP		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:

*Michael Aaronson PDawson 4/12/98*

CR2E034 (10/97)