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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J87794 (0) THE RAG SHOP/JACKSONVILLE, INC. Principal Place of Business Mailing Address THE RAG SHOP/JACKSONVILLE, INC THE RAG SHOP/JACKSONVILLE, INC. 111 WAGARAW ROAD 111 WAGARAW ROAD HAWTHORNE NJ 07506 HAWTHORNE NJ 07506 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1987 04/27/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 58-1757272 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 83 TALLAHASSEE FL 32301 84 City **B**5 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. Thereby 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 it applicable (NO1): Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CDP DELETE </b 1 1 TITLE M Change Addition NAME BERENZWEIG, STANLEY 1.2 NAME 111 WAGARAW ROAD STREET ADDRESS 1.3 STREET ADDRESS HAWTHORNE NJ CITY-ST-ZIP 1.4 CITY - ST- ZIP HAWTHURNE, NJ 07506 TITLE DELETE 2 1 TITLE Change Addition NAME BERENZWEIG, DORIS 2.2 NAME STREET ADDRESS 111 WAGARAW ROAD 2.3 STREET ADDRESS HAWTHORNE NJ CITY-ST-ZIP 24 CITY-ST-ZIP HAWTHORNE, NJ 07506 TITLE DELETE 3 1 TITLE Change Addition NAME BERENZWEIG, EVAN. 3.2 NAME STREET ADDRESS 111 WAGARAW ROAD. 3.3. STREET ADDRESS HAWTHORNE, NJ. CITY-ST-ZIP 3.4 CITY - ST - ZIP HAWTHOPAE, NJ 07506 TITLE DELETE 4.1 THLE Change Addition NAME LOMBARDO, JUDITH. 4.2 NAME STREET ADDRESS 111 WAGARAW ROAD. 4.3 STREET ADORESS CITY-ST-ZIP HAWTHORNE, NJ. 4.4 CITY - ST-ZIP HAWTHORNE, NT 07506 TITLE DELETE VTD 5. 1 TITLE Change 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-7IP HAWTHORNE, NJ 07506 TITLE DELETE 6 1 THEE P/0 Change NAME 6.2 NAME AARONSON, MICHAEL 111 WAGATIAN ROAD, RAG SHOP STREET ADDRESS 6.3 STREET ADDRESS

14. 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 of changed, or on an allochment with an address.

SIGNATURE:

PINTEL NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

(201) 423-1303

(12/95)CR2E034