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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J87794

(0)

1. Corporation Name

THE RAG SHOP/JACKSONVILLE, INC.

Principal Place of Business

THE RAG SHOP/JACKSONVILLE, INC.  
111 WAGARAW ROAD  
HAWTHORNE NJ 07506  
US

Mailing Address

THE RAG SHOP/JACKSONVILLE, INC.  
111 WAGARAW ROAD  
HAWTHORNE NJ 07506-2720  
US



3. Date Incorporated or Qualified  
08/18/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 THE RAG SHOP/JACKSONVILLE, INC.

22 City & State

27 111 WAGARAW ROAD

23 Zip Country

28 HAWTHORNE, NJ  
29 07506-2711 30 U.S.

4. FEI Number

58-1757272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506

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:

*Steven Barnett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVEN BARNETT, SENIOR VICE PRESIDENT

APR 17 1997 (201) 423-1303

Date Daytime Phone #

CR2E034 (9/96)