FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K02475 (7)

1. Corporation Name
EJ'S BAGS & RAGS, INC.

Principal Place of Business	Mailing Address
C/O EILEEN CARR ~~6538 COMTEMPO LANE~~ ~~BOCA RATON FL 33433~~	C/O EILEEN CARR ~~6538 COMTEMPO LANE~~ ~~BOCA RATON FL 33433~~

2. Principal Place of Business	2a. Mailing Address
21 c/o EILEEN CARR	26 c/o EILEEN CARR
Suite, Apt. #, etc. 22 9358 AQUA VISTA BLVD	Suite, Apt. #, etc. 27 9358 AQUA VISTA BLVD
City & State 23 BOYNTON BEACH	City & State 28 BOYNTON BEACH
Zip 24 33437 Country 25 USA	Zip 29 33437 Country 30 ~~FL~~ USA

3. Date Incorporated or Qualified: 11/15/1987
3a. Date of Last Report: 02/06/1995
4. FEI Number: 65-0014487 ☐ 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

CARR, EILEEN
~~6538 CONTEMPO LANE~~
~~BOCA RATON FL 33433~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9358 AQUA VISTA BLVD
83
84 City BOYNTON BEACH FL 85 Zip Code 33437

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CARR, EILEEN	1.2 NAME	
STREET ADDRESS	~~6538 CONTEMPO LANE~~	1.3 STREET ADDRESS	9358 AQUA VISTA BLVD
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	CARR, EILEEN	2.2 NAME	
STREET ADDRESS	~~6538 CONTEMPO LANE~~	2.3 STREET ADDRESS	9358 AQUA VISTA BLVD
CITY-ST-ZIP	~~BOCA RATON FL~~	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Eileen Carr 2-10-96 407-279-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eileen Carr

CR2E034 (12/95)