

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05918** (3)

1. Corporation Name

THE RAG SHOP/BOCA RATON, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

**THE RAG SHOP CENTER
1616 N. FEDERAL HWY
BOCA RATON FL 33432
US**

**THE RAG SHOP/BOCA RATON, INC.
111 WAGARAW RD
HAWTHORNE NJ 07508
US**

3. Date Incorporated or Qualified **12/09/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number **58-1762382** 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

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1701 HAYES STREET**
83 **SUITE 105**
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 agent 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 fee if applicable

(NOTE: Registered Agent signature is required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	BERENZWEIG, STANLEY
STREET ADDRESS	111 WAGARAW ROAD
CITY - ST - ZIP	HAWTHORNE NJ
TITLE	SD
NAME	BERENZWEIG, DORIS
STREET ADDRESS	111 WAGARAW ROAD
CITY - ST - ZIP	HAWTHORNE NJ
TITLE	P
NAME	HUNT, DONALD
STREET ADDRESS	111 WAGARAW ROAD
CITY - ST - ZIP	HAWTHORNE NJ
TITLE	V
NAME	BERENZWEIG, EVAN.
STREET ADDRESS	111 WAGARAW ROAD.
CITY - ST - ZIP	HAWTHORNE, NJ.
TITLE	V
NAME	LOMBARDO, JUDITH.
STREET ADDRESS	111 WAGARAW RD.
CITY - ST - ZIP	HAWTHORNE, NJ.
TITLE	VT
NAME	BARNETT, STEVEN.
STREET ADDRESS	111 WAGARAW RD.
CITY - ST - ZIP	HAWTHORNE, NJ.

1.1 TITLE	C/D/P <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	S <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	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	V/T/D <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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 007, 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

APR 18 1995

(201) 423-1303

STEVEN BARNETT, SENIOR VICE PRESIDENT