

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K05918 (3)

1. Corporation Name
THE RAG SHOP/BOCA RATON, INC.



Principal Place of Business THE RAG SHOP CENTER 1816 N. FEDERAL HWY BOCA RATON FL 33432 US	Mailing Address THE RAG SHOP/BOCA RATON, INC. 111 WAGARAW RD HAWTHORNE NJ 07506 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/09/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1762382
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (ND) Registered Agent signature required when reinstating

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 RD.	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 RD.	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: *[Handwritten Signature]* **4/21/98**

CR2E034 (10/97)