

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
--	---	--

DOCUMENT # **K05918** (3)  
1. Corporation Name  
**THE RAG SHOP/BOCA RATON, INC.**



Principal Place of Business <b>THE RAG SHOP CENTER 1816 N. FEDERAL HWY BOCA RATON FL 33432 US</b>	Mailing Address <b>THE RAG SHOP/BOCA RATON, INC. 111 WAGARAW RD HAWTHORNE NJ 07506 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/09/1987</b>	
				4. FEI Number <b>58-1762382</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
<b>FL</b> 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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERENZWEIG, STANLEY</b>	
STREET ADDRESS	<b>111 WAGARAW ROAD</b>	
CITY-ST-ZIP	<b>HAWTHORNE NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BERENZWEIG, DORIS</b>	
STREET ADDRESS	<b>111 WAGARAW ROAD</b>	
CITY-ST-ZIP	<b>HAWTHORNE NJ</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BERENZWEIG, EVAN.</b>	
STREET ADDRESS	<b>111 WAGARAW ROAD.</b>	
CITY-ST-ZIP	<b>HAWTHORNE, NJ.</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LOMBARDO, JUDITH.</b>	
STREET ADDRESS	<b>111 WAGARAW RD.</b>	
CITY-ST-ZIP	<b>HAWTHORNE, NJ.</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, STEVEN.</b>	
STREET ADDRESS	<b>111 WAGARAW RD.</b>	
CITY-ST-ZIP	<b>HAWTHORNE, NJ.</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AARONSON, MICHAEL</b>	
STREET ADDRESS	<b>111 WAGARAW ROAD RAG SHOP</b>	
CITY-ST-ZIP	<b>HAWTHORNE NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

*[Signature]* **PD AARONSON** 4/21/98

CR2E034 (10/97)