


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 24, 1999 8:00 am
Secretary of State
 08-24-1999 90010 001 *3,000.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K05918

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



Principal Place of Business THE RAG SHOP CENTER 1616 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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/09/1987	
4. FEI Number 58-1762382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input 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	85 Zip Code FL

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 _____ (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 RD.	
CITY-ST-ZIP	HAWTHORNE, NJ.	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BARNETT, STEVEN.	
STREET ADDRESS	111 WAGARAW RD.	
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 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 in an attachment with an address.

SIGNATURE: *Michael Aaronson* 8/1/99 9734231303

CR2E034 (5/99)