


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 # K05925 (8) 1. Corporation Name THE RAG SHOP/PORT RICHEY, INC.					
Principal Place of Business KENDALL LAKES PLAZA 13855 SW 88TH STREET MIAMI FL 33186 US			Mailing Address THE RAG SHOP/PORT RICHEY, INC. 111 WAGARAW RD HAWTHORNE NJ 07506 US		
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 59-2865173	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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	
				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 _____ (NOTE: Registered Agent signature required when reinstating)					
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 RD.				
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 on an attachment with an address.

CR2E034 (10/97)