

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90010 001 *3,000.00

DOCUMENT # K05925

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/09/1987

4. FEI Number

59-2865173

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ 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

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 **CD** ☐ DELETE
NAME **BERENZWEIG, STANELY**
STREET ADDRESS **111 WAGARAW ROAD**
CITY-ST-ZIP **HAWTHORNE NJ**

TITLE **S** ☐ DELETE
NAME **BERENZWEIG, DORIS**
STREET ADDRESS **111 WAGARAW ROAD**
CITY-ST-ZIP **HAWTHORNE NJ**

TITLE **V** ☐ DELETE
NAME **BERENZWEIG, EVAN.**
STREET ADDRESS **111 WAGARAW RD.**
CITY-ST-ZIP **HAWTHORNE, NJ.**

TITLE **V** ☐ DELETE
NAME **LOMBARDO, JUDITH.**
STREET ADDRESS **111 WAGARAW RD.**
CITY-ST-ZIP **HAWTHORNE, NJ.**

TITLE **VTD** ☐ DELETE
NAME **BARNETT, STEVEN**
STREET ADDRESS **111 WAGARAW RD.**
CITY-ST-ZIP **HAWTHORNE NJ**

TITLE **PD** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Michael Aaronson
PD AARONSON, MICHAEL

8/1/99 973 4231303

CR2E034 (5/99)