

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L61143 (8)

1. Corporation Name

THE RAG SHOP/JACKSONVILLE-ORANGE PARK, INC.



Principal Place of Business

Mailing Address

TOYS R US VILLAGE  
1980 WELLS ROAD  
ORANGE PARK FL 32073  
US

THE RAG SHOP/JACKSONVILLE-ORANGE PARK, INC.  
111 WAGARAW RD  
HAWTHORNE NJ 07506  
US

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
110 NORTH MAGNOLIA  
TALLAHASSEE FL 32301

81 Name  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYES STREET  
83 SUITE 105  
84 City  
TALLAHASSEE FL 85 Zip Code  
32301

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 CDP  
NAME BERENZWEIG, STANLEY  
STREET ADDRESS 111 WAGARAW ROAD  
CITY-ST-ZIP HAWTHORNE NJ ☐ DELETE

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP HAWTHORNE, NJ 07506 ☒ Change ☐ Addition

6.1 TITLE P/D ☐ Change ☒ Addition  
6.2 NAME AARONSON, MICHAEL  
6.3 STREET ADDRESS 111 WAGARAW ROAD, RAG SHOP  
6.4 CITY-ST-ZIP HAWTHORNE, NJ 07506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 28 1998

(201) 423-1303

Date

Daytime Phone #

CR2E034 (12/95)