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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

L63010

(7)

| - Corporation N | IENT # L6301 NAG SHOP/JENSEN BEACH | ` ' | | | | | | | |
|--|--|---|--|---|--|--|------------------------|---|--|
| Principal Place o | of Business | Mailing Address | · · · · · · · · · · · · · · · · · · · | | ··· | 941911 010 B3100 B1411 08101 | | | 1 4 14 11 3 14 11 10 1 1 |
| SQUARE ONE SHOP CTR 3471 NW FEDERAL HWY. | | THE RAG SHOP/JENSEN BEACH,INC. 111 WAGARAW RD | | | | | | | |
| jensen bei Us | ACH FL 34967 | HAWTHORNE NJ 075 US | 506 | | | orporated or Qualified 06/1990 | 3a. Da | ate of Last Rep 04/27/19 | |
| Principal Place of Business | | 2a. Mailing Address 26 | | | | 4. FEI Number Applied Fo. 65-0187137 Not Applie | | | pplied For ot Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificat | e of Status Desired | | , . | Additional equired |
| City & State | 44 - 196 - 19 - 19 - 19 - 19 - 19 - 19 - 1 | City & State | | | 6. Election | Campaign Financing | F1 | \$5.00 | May Be |
| ו أ | | 28 | | | | nd Contribution | | Added | to Fees |
| Zıp | Country | Zip | Country | y | | oration has liability for | | tax under s | 199.032, |
| <u> </u> | 25 | 29 | 30 | | Florida S | tat⊍tes 🔀 Ye nd Address of New | s No | d Asont | |
| | 9. Name and Address of Current | Hegistered Agent | 81 | Name | IV, Name B | no Address of New | negistere | u Agent | |
| 77.15.00 | DENTION HALL CORRODATION (| OVETELL INC | | | | | | | |
| THE PRENTICE-HALL CORPORATION : 1201 HAYES STREET | | 3151EM INC. | 82 | Street A | Address (P.O. Box N | umber is Not Accepta | able) | | |
| SUITE | | | 83 | | | | | | |
| | HASSEE FL 32301 | | | <u> </u> | | | | lee l Zio | Codo |
| INCLA | THOOLE I'L OLSO! | | 84 | City - | | | F | L 85 Zip | Code |
| or registere | the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections | a. Such change was authorize | ed by the con | poration's b | board of directors. I | hereby accept the ap | póintment | as registered | agent. I am |
| SIGNATURE | lignature, typed or print diname of registered agent a | | i. | | oured when reinstating | | DATE | | |
| BIGNATURES | lignature, typed or printed name of registered agent a OFFICERS AND | ano toe if applicable (NO | i. | | oured when reinstatings | NS/CHANGES TO OF | DATE | ND DIRECTOR | RS IN 12 |
| 2. | OFFICERS AND | ano toe if applicable (NO | TE Registered Ago | ont signature re | oured when reinstaling | | DATE | | |
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SIGNATURE:

NATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 1885 (201) 423-1303