

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 # L63010 (7)

1. Corporation Name

THE RAG SHOP/JENSEN BEACH, INC.



Principal Place of Business

Mailing Address

SQUARE ONE SHOP CTR
3471 NW FEDERAL HWY.
JENSEN BEACH FL 34957
US

THE RAG SHOP/JENSEN BEACH, INC.
111 WAGARAW RD
HAWTHORNE NJ 07506
US

3. Date Incorporated or Qualified

04/06/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0187137

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

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.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

APR 25 1995

(201) 423-1303

Date

Daytime Phone #

CR2E034 (12/95)