

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M84865** (8)  
1. Corporation Name  
**THE RAG SHOP/JACKSONVILLE-REGIONAL, INC.**

Principal Place of Business <b>16800 COLLINS AVE SUITE 113 MIAMI FL 33160-4203 US</b>	Mailing Address <b>THE RAG SHOP/JACKSONVILLE REGIONAL INC 111 WAGARAW RD HAWTHORNE NJ 07506 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>16850 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 113</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33160-4203</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/10/1988</b>	
2. Principal Place of Business 21 <b>16850 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 113</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33160-4203</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <b>58-1815505</b> Applied For Not Applicable	
2. Principal Place of Business 21 <b>16850 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 113</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33160-4203</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2. Principal Place of Business 21 <b>16850 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 113</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33160-4203</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business 21 <b>16850 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 113</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33160-4203</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 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 <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BERENZWEIG, STANLEY 111 WAGARAW ROAD HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BERENZWEIG, DORIS 111 WAGARAW ROAD HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BERENZWEIG, EVAN 111 WAGARAW RD. HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LOMBARDO, JUDITH 111 WAGARAW RD. HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BARNETT, STEVEN 111 WAGARAW RD. HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AARONSON, MICHAEL 111 WAGARAW ROAD RAG SHOP HAWTHORNE NJ</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \_\_\_\_\_

CP2E034 (10/97)