

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

DOCUMENT # **M84865**

1. Corporation Name

**THE RAG SHOP/JACKSONVILLE-REGIONAL, INC.**

Principal Place of Business

16850 COLLINS AVENUE  
SUITE 113  
MIAMI FL 33160-4203  
US

Mailing Address

THE RAG SHOP/JACKSONVILLE REGIONAL INC  
111 WAGARAW RD  
HAWTHORNE NJ 07506  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/10/1988

4. FEI Number

58-1815505

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

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, STANLEY**  
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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*

8/1/99 9734231303

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

08-24-1999 90010 001 \*3,000.00



DO NOT WRITE IN THIS SPACE

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