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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

information indicated on this arrival report or s I am an officer or director of the corporation of

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022247 (9)

J.C. DALE MABRY FL III, INC.

Principal Place of Business Mailing Address 13234 N. DALE MABRY JENNIFER CONVERTIBLES, INC. 419 CROSSWAYS PARK DR. TAMPA FL 33634 WOODBURY NY 11797-2016 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 03/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3197502 26 Not Applicable 21 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zio This corporation has liability for intangible tax under s. 199.032, ☐ Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jennifer (p 111 10500 ULMERTON RD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 260 83 LARGO FL 34641 **B4** City Zip Code 85 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. Lam 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 1111 GREENFIELD, HARLEY NAME 1.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS WOODBURY NY 1.4 CITY - ST - ZIP CITY - ST - ZIF DELETE 2.1 TITLE Change Addition TITLE NADEL. GEORGE NAME 2.2 NAME 419 CROSSWAYS PARK DRIVE 2 3 STREET ADDRESS STREET ADDRESS **WOODBURY NY** 2 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAMÉ 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St-7iP DITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-7IP DELETE 6 1 TITLE Change Addition TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

emental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied the 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 arguet report or savingmental angual report is true and accurate and that my signature shall have the same legal effect as if made under

HOURED

NG OFFICER OR DIRECTOR

n attachment with an address

FILED
Jan 30 1997 8:00am
Secretary of State



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