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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

609.387.7800

0612065

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000032191 (7)

BURLINGTON COAT FACTORY WAREHOUSE OF SAWGRASS, I

NC.					
Principal Place of Business 1830 ROUTE NORTH		Mailing Address			
		1830 ROUTE NORTH			
% TAX DEPARTMENT		% TAX DEPARTMENT BURLINGTON NJ 08016			
Burlington NJ 08016 US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
*-				05/04/1993	04/18/1996
2. Principal Place of Bu	siness	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0409764	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
City & State		City & State			
3		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
9. Nai	ne and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
reinstein, i			81 Name		
	STON COAT FACTORY		82 Street Add	fress (P.O. Box Number is Not Acceptab	le)
	inrise BLVD.		83		
SUNRISE FL	33323		63		
			84 City		FL 85 Zip Code
41 Purcuant to the rice	visions of Sactions 607 050	2 and 607 1508 Florida State	utes the above-named cor	poration submits this statement for the p	
	agent, or both, in the State	of Florida. Such change was	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as registered
office or registered agent. I am familiar	with, and accept the obliga	ations of, Section 607.0505, i	FIOTILIA SIAIUIOS.		
SIGNATURE					DATE
SIGNATURE Signature by	with, and accept the obligated on the obligated of the printed name of registered agricultural of the obligated of the obliga	nt and title if sciphcable (NC	DTE: Registered Agent signature requ		DATE
SIGNATURE Signature by	cal or printed name of registered age	nt and title if sciphcable (NC	OTE: Registered Agent signature requ	ired when reinstating)	DATE
SIGNATURE Signature 5 12. Tifte T STOUT	OFFICERS AND	nt and title if applicable (NOD DIRECTORS	DTE: Registered Agent signature requ	ired when reinstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE Signature is 12. TITLE T NAME STREET ADDRESS 1830 F	OFFICERS AND CHISABETH OUTE 130 NORTH	nt and title if applicable (NOD DIRECTORS	DTE: Registered Agent signature requ	ired when reinstating)	DATE DERS AND DIRECTORS IN 12
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