

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

MO119961R08

DOCUMENT # P93000062676 (0)

1. Corporation Name

JENNIFER CUTLER RIDGE, INC.



Principal Place of Business

Mailing Address

19145 SOUTH DIXIE HIGHWAY
DADE FL 33157
US

417 CROSSWAYS PARK DR
WOODBURY FL 11797
US

2. Principal Place of Business

2a. Mailing Address C/O Jerome I

21 Suite, Apt. #, etc.

26 SILVERMAN CORP

22 City & State

27 245 ROGER AVE
City & State

23 Zip

Country

28 11096

Country

24

25

29

30

USA

9. Name and Address of Current Registered Agent

SNEIDER, BARBARA H
7079 WOODBRIDGE CT.
BOCA RATON FL 33434

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0461754

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

10. Name and Address of New Registered Agent

81 Name JENNIFER FLWAREHOUSE INC

82 Street Address (P.O. Box Number is Not Acceptable)

58-65 N. FEDERAL HWY

83

84

LAKE LAND

FL

85

Zip Code 33806

11. Pursuant to the provisions of Sections 607.002 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 provisions of Sections 607.002 and 607.1508, Florida Statutes.

SIGNATURE

Rami Abada, President

4/30/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

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 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

Rami Abada

President

4/30/96

516-371-5300

Date

Telephone Number

CR2E034 (12/95)