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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065194 (1)

J.C. EAST OR FL V, INC.

FILED Jan 28 1997 8:00am Secretary of State



Principa! Place SR 436 & SR ORLANDO FL US	50	Mailing Address JENNIFER CONVERTIBLES, INC. 419 CROSSWAYS PARK DR. WOODBURY NY 11797-2016 US							
					 Date Incorporated or Qualified 09/14/1993 	3a. Date of Last Report 05/01/1996			
2. Principal P	iace of Business	2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·			4, FEI Number 59-3230825	-		pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		*****		6. Certificate of Status Desired		\$8.75 Fee Re	Additional
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added	
Zıp 24	Country 25	Z ₁ p	Coul	ntry	•	8. This corporation has liability for	intangible t	x under s	
	9. Name and Address of Curren					10. Name and Address of New Ri	gistered A	ent	
	EIDER, BARBARA H			81	Name				
7079 WOODBRIDGE COURT BOCA RATON FL 33434			}	82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			•	83					
ı				84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,0500 eg stered agent or both, in the State in farmhar with, and accept the obligations type the printed harde of registered age. OFFICERS AND	r and tile if applicable (NC				poration submits this statement for the tion's board of directors. I hereby accelerations are when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE		
TIFLE	P	DELETE	1.1 Tri			ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	GREENFIELD, HARLEY		1.2 NA				•	orange	
STREET ADDRESS	419 CROSSWAYS PARK DRIV	Æ			ADDRESS				
City-St-ZIP	WOODBURY NY		1.4 CI						
TITLE	V	DELETE	2 1 717					Change	Addition
NAME	NADEL, GEORGE		22 NA	ME					
STREET ADDRESS	419 CROSSWAYS PARK DRIV	Æ	2.3 ST	REET A	VDDRESS			•	
CITY-ST-7IP	WOODBURY NY		2. 4 CI		-ZIP				
TUTLE		☐ DELETE	3.1 711				l	Change	☐ Addition
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITLE		DELETE	3.4. CI 4.1 TII		- 114			Change	Addition
NAME		had some 10	4.2 N				•		
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4,4 CI		1				,
TITLE		DELETE	5.1 Til					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS	•			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 4 CI		- ZIP				
TITLE		DELETE	6.1 TIT				Į	Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP			64 CI	TY-ST		dis Castino 440 07/0V/IV Florida Chata		er a .	<u> </u>

I. I do 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 epoch of suppliciontal 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 discover 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 chapter 607 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HALLY GREEN FLELD - PRESIDENT

1/15/97 (5/6) 496-1960 Dayline Priore #