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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000077230 (9)

J.C. ORANGE PARK FL V. INC.

Principal Place of Business Mailing Address 10-30 BLANDING BLVD. JENNIFER CONVERTIBLES, INC 419 CROSSWAYS PARK DR. ORANGE PARK PLACE WOODBURY FL 11797-2016 ORANGE PARK FL 32073 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 11/03/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3230834 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country  $Z_{\rm IP}$ Florida Statutes ☐ Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SNEIDER, BARBARA H 7079 WOODBRIDGE CT. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 Zip Code 84 City 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition TIFLE 1.1 TITLE GREENFIELD, HARLEY NAME 1.2 NAME 419 CROWWSAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS WOODBURY NY CITY - ST - ZIP 1.4 CITY-ST-7IP DELETE 2.1 TITLE ☐ Change Addition TITLE NADEL, GOERGE 2.2 NAME NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 23 STREET ADDRESS WOODBURY NY CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TILLE 3.1 THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET AUDRESS 3.4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. To hereby certify that the information supplied with his 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 fining free port of supplimental 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 conformation in 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 Bytick 33 changed, in an attachment with an address.

h OURSED

SIGNATURE:

STREET ADDRESS

CITY - \$1 - 70P

PRINTED NAME OF SIGNING OFFICER

**FILED** 

Jan 28 1997 8:00am

Secretary of State