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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008619 (6)

J.C. PEMBROKE PINES FL V, INC.

Principal Place of Business Mailing Address 10182 PINES BLVD. PEMBROKE PINES FL 33026 C/O JENNIFER CONVERTIBLES. INC. 419 CROSSWAYS PARK DR. DO NOT WRITE IN THIS SPACE WOODBURY NY 11797 3. Date Incorporated or Qualified 02/03/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 65-0516778 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 No. 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printen name of registered agent and little if applicable (NOTE Registered Agent's gnature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE. TITLE 1.1 TITLE Change Addition NAME GREENFIELD, HARLEY 1.2 NAME STREET ADDRESS 419 CROSSWAYS PARK DRIVE 1.3 STREET ADDRESS WOODBURY NY CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 21 11TLE NADEL, GEORGE NAME 2.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS **WOODBURY NY** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE PRESIDENT Change TITLE 3.1 TITLE RAMI ABADA NAME 3.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 3.3 STREET ADDRESS WOODBURY NEW YORK 11797 CITY-ST-ZIP 3.4. CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not gradify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental a must report is truly 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 trusted enjoyed and 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 attach tent with a ratio est.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY- ST- ZIP

5.3 STREET ADDRESS 5.4 CAY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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Apr 29 1998 8:00am

Secretary of State