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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

1/100 (10) 101 10

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027516 (1)

JENNIFER LEATHER-NAPLES FL, INC.

Principal Place of Business Mailing Address 3333 TAMIAMI TRAIL NORTH % JENNIFER CONVERTIBLES. INC. NAPLES FL 33940 419 CROSSWAYS PARK DR. WOODBURY NY 11797 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0499299 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year lost ngible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 SNEIDER, BARBARA H 7079 WOODBRIDGE CT Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 84 City Zip Code 85 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 Horida. 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** (NOTE Registered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Y DELETE Addition Change TITLE 1.1 TITLE **GREENFIELD. HARLEY** NAME 1.2 NAME 149 CROSSWAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **WOODBURY NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE Change TITLE 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 DELETE ☐ Change Addition 3.1 TITLE PRES ident RAMI ABADA 3.2 NAME NAME 419 CEDSSWAYS PARK DRIVE 3.3 STREET ADDRESS STREET ADDRESS Woodbury, NY 11797 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE __ Change Addition 41 1016 TITLE NAME 4. 2 NAME 4.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. 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 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 trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching on the true true true to the corporation of the corporation of