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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000036399 (1)

1. Corporation Name:

JENNIFER LEATHER-TAMARAC FL, INC.



Principal Place of Business

Mailing Address

5705/5707 N. UNIVERSITY DR.  
TAMARAC FL 33321

% JENNIFER CONVERTIBLES, INC.  
419 CROSSWAYS PARK DR.  
WOODBURY NY 11787-2016

3. Date Incorporated or Qualified  
05/11/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNEIDER, BARBARA H  
7079 WOODBRIDGE COURT  
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85 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

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
GREENFIELD, HARLEY  
419 CROSSWAYS PARK DRIVE  
WOODBURY NY

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

V  
NADEL, GEORGE  
419 CROSSWAYS PARK DRIVE  
WOODBURY NY

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (516) 496-1900

CR2E034 (9/96)