- 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 # P94000036399 (1)

JENNIFER LEATHER-TAMARAC FL, INC.

Principal Place of Business 5705/5707 N. UNIVERSITY DR. TAMARAC FL 33321

appears in Block 12 or Block 13 if

Mailing Address

% JENNIFER CONVERTIBLES, INC. 419 CROSSWAYS PARK OR. WOODBURY NY 11797-2016

FILED Jan 24 1997 8:00am Secretary of State



1/15/97 (516) 496-1900

3. Date Incorporated or Qualified 3a. Date of Last Report

							05/11/1994	05/01/1996			
2. Principal P	lace of Business	2a. Ma	2a. Mailing Address 26				4. FEI Number	1	Ap	plied For	
21							65-0501875		No	Applicable	
Suite, Apt	#, etc	Su:	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 A Fee Re	dditional guired	
City & State			City & State				6. Election Campaign Financing				
23		28	28				Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip	Country	Zip	l	С	ountry		8. This corporation has liability for				
24	25	29		30			· · · · · · · · · · · · · · · · · · ·	JYes XX No		,	
	9. Name and Address of Curren	Registere	d Agent				10. Name and Address of New Re	gistered Agen	1		
sneider, Barbara H					81 Name						
7079 WOODBRIDGE COURT BOCA RATON FL 33434					82 Street Address (P.O. Box Number is Not Acceptable)						
					Shoot Address (L.O. Dox Mailling is 140t Acceptable)						
					63						
					84	City	·		Zip (To the	
					04	City		FL 85	zipic	,00e	
11. Pursuarit	to the provisions of Sections 607.0502	and 607.1	508, Florida Statuti	es, the	above	e-named corp	oration submits this statement for the p	ourpose of char	nging its	registered	
onice or r agent. La	'egistered agent, or both, in the State im fami≒ar with, and accept the obliga	or Florida. S Lions of, Se	such change was a etion 607.0505, Flo	autnori: orida S	zed by tatutes	tne corporati	ion's board of directors. I hereby acce	pt the appointm	ient as i	registered	
SIGNATURE											
	Signature, type for printed name of registered age			E Registe	ered Age	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS AND	DIRECTO		13			ADDITIONS/CHANGES TO OFFIC				
TITLE	ODEENEIELD MADLEY		L DELETE	1.3	TITLE			□(Change	Addition	
NAME	GREENFIELD, HARLEY	.		1.2	NAME						
STREET ADDRESS	419 CROSSWAYS PARK DRIV	E		1.3	STREET	ADDRESS				ji	
CITY - ST - ZIF	WOODBURY NY			1.4	CITY-S	T-ZIP					
TITLE	NADEL OFODOE		□ DELETE	2.1	TITLE				Change	Addition	
NAME	NADEL, GEORGE	**		2.2	NAME						
STREET ADDRESS	419 CROSSWAYS PARK DRIV	E .			2.3 STREET ADDRESS						
CITY-ST-ZIF	WOODBURY NY			2.	4 CITY - S	ST-ZIP					
TITLE			■ DELETE	3.1	ITITLE			D (Change	Addition	
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
CITY-S1-ZIP				3.4	I. CITY - S	ST-ZIP					
TITLE			DELETE	4.1	TITLE				Change	Addition	
NAME				4.	2 NAME						
STREET ADORESS				4.3	STREET	ADDRESS					
CITY-SI-ZIP				4.4	CITY-S	T-ZIP					
TITLE			☐ DELETE	5.1	TITLE				Change	Addition	
NAMÉ				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST-7/P				5.4	CITY-S	T-ZIP					
TIFLE			☐ DELETE	61	TITLE				Change	Addition	
NAME				6.3	NAME						
STREET ADDRESS				6.3	STREET	ADDRESS					
CITY-SI-ZIP				6.4	CITY-S	T-ZIP				-	
	by certify that the information supplied	with this fi	ling does not quali	ly for th	ne exe	mption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same legal	s. I further cert	ify that	the	
informatic	in indicated on this annual aport or s	uppleglen	i janual report is t	rue an	d accu	rate and that	my signature shall have the same lega	al effect as if m	ade uno	der oath; that	