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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

14. I do hereby certify that the information supplied y

appears in Block 12 or Block

SIGNATURE:

information indicated on this annual leport or s I am an officer or director of the corporation

CITY-ST-70



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074554 (4)**

JENNIFER CONVERTIBLES OF KENDALL, INC.

13717 S. DIXIE HIGHWAY C/O JENNIFER CONVERTIBLES INC. 419 CROSSWAYS PARK DRIVE SUITE 145 WOODBURY NY 11797-2016 MIAM! FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2142364 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No Country Zip Country 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SNEIDER, BARBARA H Name 7079 WOODBRIDGE COURT 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 City 84 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 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, typied or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change Addition DELETE 1 1 7171 8 TITLE GREENFIELD, HARLEY NAME 1.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **WOODBURY NY** CITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NADEL. GEORGE 2 2 NAME 419 CROSSWAYS PARK DRIVE STREET ADORESS 2.3 STREET ADDRESS **WOODBURY NY** CHY-SI-ZIE 2.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-7P 3.4. CITY - ST - ZIP DELETE 4.1 TITLE [] Change Addition THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DOTY-ST-7/P 4.4 City - St - ZiP DELETE Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-Z-P DELETE Change Addition THE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the inental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR