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FLORIDA DEPARTMENT OF STATE

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Jan 24 1997 8:00am

Secretary of State

E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S11567**

JENNIFER LAUDERHILL, INC.

Principal Place of Business Mailing Address 4542 N. UNIVERSITY DR. JENNIFER CONVERTIBLES, INC. 419 CROSWAYS PARK DR. LAUDERHILL FL 33351 WOODBURY NY 11797-2016 3. Date incorporated or Qualified 3a. Date of Last Report 11/06/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0241342 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JENNIFER FT. LAUDERDALE INC 81 Name 2800 NORTH FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and for, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition 1.1 TITLE GREENFIELD, HARLEY MAME 1.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADORESS 1.3 STREET ADDRESS **WOODBURY NY** CITY - ST - ZIF 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NADEL, GEORGE NAME 22 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS WOODBURY NY CITY-ST-ZIE 2 4 CITY-ST-ZIP TITLE DELETE 3.1 THE F ☐ Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-2IP TITLE DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CHY-ST-7IP 6.4 CITY-ST-ZIP 14. I do 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 agricult report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the copyoration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

or on an attachment with an address.

in plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name