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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$52855

(1)

JENNIFER FLAGLER, INC.

Principal Place of Business Mailing Address 8200-A W. FLAGLER STREET C/O JENNIFER CONVERTIBLES, INC. 419 CROSSWAYS PARK DR. MIAMI FL 33144 WOODBURY NY 11797-2016 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1991 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0269417 26 Not Applicable Suite, Apt. #, etc. Suite Ant # 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No Zip Country Zφ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SNEIDER, BARBARA HAAR 7079 WOODBRIDGE CT. 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 into or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 96/6) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ___ Addition TITLE 1.1 TITLE Change GREENFIELD, HARLEY NAM² 1.2 NAME 419 CRPSSWAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS WOODBURY NY CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NADEL, GEORGE MARKE 2.2 NAME 419 CROSSWAYS PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS WOODBURY NY CITY-ST-ZIP 2. 4 CITY-ST-ZIP **□** D€LETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(TY - \$1 - 7)P 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this hing 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the corporati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,