

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S91607 (9)

1. Corporation Name

THE RAG SHOP/OCALA, INC.



Principal Place of Business

OCALA SHOPPING CTR
2019 E SILVER SPRINGS BLVD
OCALA FL 32670
US

Mailing Address

TH RAG SHOP/OCALA INC.
111 WAGARAW RD
HAWTHORNE NJ 07506
US

3. Date Incorporated or Qualified
11/04/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 Ocala Shopping Center

2a. Mailing Address

26 Suite, Apt. #, etc.

22 2019 E. SILVER SPRINGS BLVD.

27 City & State

23 Ocala, Florida

28 Zip Country

24 34470

25 U.S.

29

30

4. FEI Number

59-3095357

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CDP

BERENZWEIG, STANLEY

111 WAGARAW RD. RAG SHOP

HAWTHORNE NJ

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

BERENZWEIG, DORIS

111 WAGARAW RD. RAG SHOP

HAWTHORNE NJ

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

LOMBARDO, JUDITH

111 WAGARAW RD. RAG SHOP

HAWTHORNE NJ

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

BERENZWEIG, EVAN

111 WAGARAW ROAD

HAWTHORNE NJ

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VTD

BARNETT, STEVEN

111 WAGARAW RD. RAG SHOP

HAWTHORNE NJ

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 1995

(201) 423-1303

Date

Daytime Phone #

CR2E034 (12/95)