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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$91607

(9)

THE RAG SHOP/OCALA, INC.

FILED
May 19 1997 8:00am
Secretary of State

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•	ace of Business	Mailing Address					ANDLI BIBLE BI	Mar Mimer metel 1	/ /W// 199 1
	PPING CTR R SPRINGS BLVD	TH RAG SHOP/OCALA I	TH RAG SHOP/OCALA INC.						
US		US			3. Date Incorporated or Qualified 11/04/1991 3a. Date of Last Report 05/01/1996			port	
	Place of Business	2a. Mailing Address	1			4. FEI Number		Ap	plied For
21		26 THE MAG SHOP/OCALA, INC.			59-3095357			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 /// WAFA RAW ROAD			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & St	ate	City & State			6. Election Campaign Financing	\$5.00	5.00 May Be		
23		28 HAWTHOWE,	NJ	-		Trust Fund Contribution		Added t	
Zip	Country	Zip	—	Country		B. This corporation has liability for			199.032,
24	25	29 07506-2711	30	U- S			Yes L		
	9. Name and Address of Curre	······································		01	Name	10. Name and Address of New Ro	gistered /	4gent	
	e prentice Hall Corporatio D1 Hayes Street	n system, inc.		"	Halle	•			
			82	Street Ad	dress (P.O. Box Number is Not Accepta	bie)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ITE 105			83		11111			
IA	LLAHASSEE FL 32301			8					
				84	City	200 200 200 200 200 200 200 200 200 200	FL	85 Zip (Code
								<u> </u>	
office o	r registered agent, or both, in the Stat	e of Florida. Such change wa	iules, in	rized by	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose or pt the app	ointment as	registered
agent 1	Lam familiar with, and accept the oblig	ations of, Section 607.0505.	Florida	Statutes			,		
SIGNATURE							DATE		
12,	Stgriulani, typed or per bed name of registered ag	Ont and title if applicable (N		stered Age	nt signature req	ulred when re-instating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
1-11-f	CD	DELETE		1.1 TITLE		ADDITIONO/OTTANGED TO OTT	OL TO THE	Change	Addition
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4. I do nereby 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 annual report or suppliemental 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:

GNATURE AND YERO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

#R 17 199

(201) 423-1303

Daytime Phone #