

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **V30134** (3)
 1. Corporation Name
J.C. PALM HARBOR FL III, INC.

Principal Place of Business Mailing Address
33121 US 19 **C/O JEROME I. SILVERMAN CO.**
417 CROSSWAYS PARK DR. **417 CROSSWAYS PARK DR.**
PALM HARBOR FL 34684 **WOODBURY NY 11787**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1992** 3a. Date of Last Report **07/12/1994**
 4. FEI Number **59-3182429** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 7. This corporation has liability for intangible tax under R. 199-032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **Jennifer Convertibles, Inc.**
 Suite, Apt. #, etc. 26
 22 **419 Crossways Park Dr.**
 City & State 27 **Woodbury, NY**
 23 **11797** 28 **USA**
 Zip Country 29 **11797** 30 **USA**

9. Name and Address of Current Registered Agent
JENNIFER FT. LAUDERDALE, INC.
2800 N. FEDERAL HWY
FORT LAUDERDALE FL 33308-1426

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENFIELD, HARLEY
STREET ADDRESS	1725 YORK AVENUE
CITY ST ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 change or an appointment with an address.

SIGNATURE:  **HARLEY GREENFIELD** 4/18/95 516-496-1950
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR