

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**DOCUMENT # P34063 (8)**  
 1. Corporation Name  
**MADISON SHOE CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**75 TRIANGLE BLVD.  
 CARLSTADT NJ 07072**

Mailing Address  
**75 TRIANGLE BLVD.  
 CARLSTADT NJ 07072**

3. Date Incorporated or Qualified  
**05/23/1991**

2. Principal Place of Business  
 21 Suite, Apt #, etc  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29

4. FEI Number  
**13-3314577**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.  
 801 NORTHEAST 167TH STREET, SUITE 300  
 NORTH MIAMI BEACH FL 33182**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUETERICH, ROLF</b>	1.2 NAME	
STREET ADDRESS	<b>EAST LAKE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUXEDO PARK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRETERICH, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>137 RIVERSIDE DR., #5A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIGERONIMO, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>75 TRIANGLE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSTADTN NJ 07072</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIENMAN, BENNY C.</b>	4.2 NAME	
STREET ADDRESS	<b>75 TRIANGLE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSTADT NJ</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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]* 2/12/98 201-439-7723

CR2E034 (10/97)