

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P96000019065  
 1. Corporation Name  
**SHOE CLEARANCE CENTER, INC**

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 <b>6738 North University Dr</b>	26 <b>6738 North University Dr</b>
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 <b>TAMARAC FL</b>	28 <b>TAMARAC FL</b>
24 <b>33321</b>	29 <b>33321</b>

3. Date Incorporated or Qualified <b>02/15/96</b>	3a. Date of Last Report
4. FEI Number <b>650674934</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name <b>MONTE RASKIN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>6738 NORTH UNIVERSITY DR</b>			
				83			
				84 City <b>TAMARAC</b>	85 State <b>FL</b>	86 Zip Code <b>33321</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1818, 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: *Monte Raskin* (Date) **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>PRES. RASKIN, ANDREW</b>
STREET ADDRESS		13 STREET ADDRESS	<b>2100 W. ATLANTIC AVE</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>DELRAY BCH FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>VP EMIN, KAREN</b>
STREET ADDRESS		23 STREET ADDRESS	<b>2100 W. ATLANTIC AVE.</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>VP HORWITZ, JANE</b>
STREET ADDRESS		33 STREET ADDRESS	<b>2100 W. ATLANTIC AVE</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>ST. RASKIN, MONTE</b>
STREET ADDRESS		43 STREET ADDRESS	<b>2100 W. ATLANTIC AVE</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>500002197165</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-06/02/97--01017--006</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>***165.00</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 in an attachment with an address.

SIGNATURE: *Monte Raskin* (Date) **4/20/97**

CR2E034 (9/96)