


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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6738 North University Dr	26	6738 North University Dr	02/15/96	
22	Suite, Apt #, etc	27	Suite, Apt #, etc	4. FCI Number	Applied For
23	TAMARAC FL	28	TAMARAC FL	650674934	Not Applicable
24	33321	29	33321	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	
24. Zip		29. Zip		<input type="checkbox"/>	
25. Country		30. Country		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	MONTE RASKIN		
				82 Street Address (P.O. Box Number is Not Acceptable)	6738 NORTH UNIVERSITY DR		
				83			
				84 City	TAMARAC	FL	85 Zip Code
							33321

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