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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 459503

1. Corporation Name

BOND SHOE CORP.

Principal	Piace	of	Business

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90001 009 ***150.00



Principal Place of Business Mailing Address					(100×11 2/201 01110 10101 01111 02×22 11)) atdi. 21211 grav. 2,211 ev	WII #7#11 (##1	
1232 N.E. 2ND AVE. 1232 N.E. 2ND AVE. MIAMI FL 33132 MIAMI FL 33132					DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed			
					08/13/1974			
2 Principal Pi	lace of Business	2a. Mailing Address	_		4. FEI Number	Apr	olied For	
	lace of business	26			59-1614700	Not	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			<u> </u>	\$8.75 A	dditional	
22	r, 010.	27			5. Certifcate of Status Desired	Fee Rec	quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 1	May Be	
23	-	28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	ear Intangible		
24	25				Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent		
			81	Name				
BONDAR, JOEL			82	82 Street Address (P.O. Box Number is Not Acceptable)				
1232 NE 2ND AVE		102	Ollectra	,	·			
MIAN	MI FL 33132		83	_				
			0.4	0:5		85 Zip C	'ode	
			84	City	·	FL S ZIP	,ode	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was autho	orized by	the corpora	propration submits this statement for the pur ation's board of directors. I hereby accept the	ose of changing its regardance as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if englishing (NOTE: Reg	stered Ager	t signature requi	uired when reinstating)	DATE .		
12.		ND DIRECTORS	13.	a digitation of total	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	BONDAR, MORRIS		1.2 NAME					
STREET ADDRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-S	- 1				
TITLE	WINDAM I E GO IGE		2.1 TITLE			☐ Change	☐ Addition	
NAME	BONDAR, RACQUEL		2.2 NAME					
STREET ADDRESS			2.3 STREET	FADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33132		2. 4 CITY-S	ST-ZIP				
TITLE	T	☐ DELETE	3.1 TITLE		,	☐ Change	Addition	
NAME	PONTNER, BRUCE		3.2 NAME		•			
STREET ADDRESS			3.3 STREET	ADDRESS				
JIIILLI ADDIREGG	I ILUL IIL CIID ATLIIUL			1				

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 of supplemental annual eport 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 of 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, of on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

MIAMI FL

BONDAR, SANDRA

1232 N.E. 2ND AVE. **MIAMI FL 33132**

1232 NE 2ND AVENUE

BONDAR, JOEL

MIAMI FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

Addition

Addition

Addition

Change

☐ Change

Change