

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

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Apr 29 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 # **638131** (3)

1. Corporation Name
MARK'S ATHLETIC SOLES, INC.



Principal Place of Business 5000 S.W. 86TH ST. MIAMI FL 33143 US	Mailing Address 5000 S.W. 86TH ST. MIAMI FL 33143-8515 US
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3. Date Incorporated or Qualified **10/01/1979** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 291 S. HOLLYBROOK DR. Suite, Apt. #, etc. 22 BLDG 52 APT 101 City & State 23 PEMBROKE PINES FL. Zip 24 33025 Country	2a. Mailing Address 26 291 S. HOLLYBROOK DR. Suite, Apt. #, etc. 27 BLDG 52 APT 101 City & State 28 PEMBROKE PINES, FL. Zip 29 33025 Country
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4. FEI Number 59-1933868	Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**BRICKMAN, MARK
5000 S.W. 86TH ST.
MIAMI FL 33143**

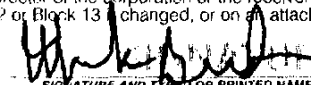
81 Name MARK BRICKMAN
82 Street Address (P.O. Box Number is Not Acceptable) 291 S. HOLLYBROOK DR. BLDG 52 APT 101
83
84 City & State PEMBROKE PINES FL
85 Zip Code 33025

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRE ☒ Change ☐ Addition
NAME	BRICKMAN, MARK W	1.2 NAME	MARK BRICKMAN
STREET ADDRESS	5000 S.W. 86TH ST.	1.3 STREET ADDRESS	291 S. HOLLYBROOK DR. BLDG 52
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33025 APT 101
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, changed, or on an attachment with an address.

SIGNATURE:  **MARK BRICKMAN** 4/23/97 954 4352263

CR2E034 (9/96)