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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **638131** **(3)**

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

Principal Place of Business	Mailing Address
5000 S.W. 86TH ST. MIAMI FL 33143 US	5000 S.W. 86TH ST. MIAMI FL 33143-8515 US

3. Date Incorporated or Qualified: 10/01/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 291 S. HOLLYBROOK DR.	26 291 S. HOLLYBROOK DR.
Suite, Apt. #, etc. 22 BLDG 52 APT 101	Suite, Apt. #, etc. 27 BLDG 52 APT 101
City & State 23 PEMBROKE PINES FL.	City & State 28 PEMBROKE PINES, FL.
Zip 24 33025 Country 25	Zip 29 33025 Country 30

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

10. Name and Address of New Registered Agent

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: 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 _____ 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	P ☐ DELETE	1.1 TITLE	PRES ☒ 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 APT 101
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33025
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	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] MARK BRICKMAN 4/23/97 954 4352263
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197490