

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90009 027 ***150.00

057706

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 692369

1. Corporation Name
GASPARD SHOES, INC.

Principal Place of Business 14844 - 14846 MILITARY TRAIL DELRAY BEACH FL 33484	Mailing Address 14844 - 14846 MILITARY TRAIL DELRAY BEACH FL 33484
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/22/1981	
4. FEI Number 59-2105283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GASPARD, GEORGE A
~~355 NORTH EAST 3RD COURT~~ **5700 NW, 2nd AVE.**
BOCA RATON FL 33487 #308

10. Name and Address of New Registered Agent

81 Name GASPARD, GEORGE A	
82 Street Address (P.O. Box Number is Not Acceptable) 5700 NW 2nd AVE. #308	
83	
84 City BOCA RATON	85 Zip Code FL 33487

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

TITLE	D <input type="checkbox"/> DELETE
NAME	GASPARD, GEORGE A
STREET ADDRESS	355 NE 3RD CT 5700 NW 2nd AVE #308
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	P <input type="checkbox"/> DELETE
NAME	GASPARD, GEORGE A
STREET ADDRESS	14844 MILITARY TR
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	V <input type="checkbox"/> DELETE
NAME	GASPARD, DIANE C
STREET ADDRESS	14844 MILITARY TR
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	T <input type="checkbox"/> DELETE
NAME	GASPARD, GEORGE A
STREET ADDRESS	14844 MILITARY TR
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GASPARD, GEORGE A
1.3 STREET ADDRESS	5700 NW 2nd AVE #308
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *George A. Gaspard* 1-10-99 561-498-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)