## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PR**Ö**FIT CORPO**R**ATION ANNUAL **R**EPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DGCUMENT # F9600000908 (1)					
SANDY	SHOES, LTD., INC.	, ,		   Jeenser hite eene bank bank belik een be	
Principal Place of <b>Bus</b> iness Malling Address					
6636 PATIO LANE 7040 W PALMETTO			RD		
BOCA RATON FL 33453		STE 2491 BOCA RATON FL 33433 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		26		65-0621308	Not Applicable
SURE, Apr.	#, e1G.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
LUCAS, <b>DA</b> VID 6636 PAT <b>IO</b> LANE BOCA RATON FL 33453					
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
600	A MION PL 33133		83		
			\		
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered		OTE: Registered Agent signature re	oration submits this statement for the purpose of the sound of directors. I hereby accept the appropriate of the sound of directors and the sound of directors. I hereby accept the appropriate of the sound of the s	
TITLE	PCO	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	LUCAS, DAVID	[ ] bereie	1.2 NAME		Change Addition
STREET ADDRESS	6636 PATIO LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33453		1.4 CITY-ST-ZIP		•
TITLE	S	DELETE	2:1 TITLE		Change Addition
NAME	PASTERNACK, JEFFREY H		2.2 NAME		
STREET ADDRESS	350 FIFTH AVENUE, SUITE	7910	2.3 STREET ADDRESS		
CITY-\$T-ZIP	NEW YORK NY 10118		2.4 CITY-ST-ZIP		
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	•	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		Addition
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 NAME		DELETE	6.1 TITLE 6.2 NAME		L_ Change L Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied v	with this filing does not qualify for t		ction 119.07(3)(i), Florida Statutes. I further certif	ty that the information

4. 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 or supplemental annual report or supplemental annual report or supplemental annual report or supplemental annual report or the receiver of the composition or the receiver of the composition or the receiver of the supplemental annual 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.

CICALATUDE

19/14/98/561-44

**FILED** 

Oct 01 1998 8:00am

Secretary of State