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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G04503

1. Corporation Name

J & J FOOTWEAR, INC.

Principal Place of Business

% JAMES F. FLOCK
 3549 FOWLER ST
 FT MYERS FL 33901

Mailing Address

% JAMES F. FLOCK
 3549 FOWLER ST
 FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2226401	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOAN M. FLOCK
 17215 CASTLEVIEW DRIVE NE
 NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name **JAMES F. FLOCK**
 82 Street Address (P.O. Box Number is Not Acceptable) **17215 CASTLEVIEW DR NE**
 83 **17215 CASTLEVIEW DR NE**
 84 City **16, FT. MYERS** FL 85 Zip Code **33917**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOCK, JAMES F.	1.2 NAME	
STREET ADDRESS	17215 CASTLEVIEW DR NE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH FT MYERS FL	1.4 CITY-STATE-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOCK, JOAN M	2.2 NAME	
STREET ADDRESS	17215 CASTLEVIEW DR NE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	N FT MYERS FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOCK, MICHAEL J	3.2 NAME	
STREET ADDRESS	1430-3 PARKSHORE CIRCLE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)