.....

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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| DOCU | MENT # G04503 | 3 | | | | | |
| 1. Corporation | OOTWEAR, INC. | | | | | | |
| Jasi | OUTTEAN, 1140. | | | | idel Brek Brein Brein Breik Breit B | USUL BUGUL 1 0 (1 | |
| | | | | | | | |
| Principal Pta | ce of Business | Mailing Address | | | . Illi 2191: BiBit Atan aları A | 11211 01041 1004 | |
| % JAMES F. I | | % JAMES F. FLOCK | | | | | |
| 3549 FOWLER | ST | 3549 FOWLER ST | | DO NOT WRITE | IN THIS SPACE | | |
| FT MYERS FL | 33901 | FT MYERS FL 33901 | | 3. Date Incorporated or Qualifed | | | |
| | | | | 10/14/1982 | | 1115 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FE) Number | ⊢⊢ ∸ | p ied For t Applicable | |
| 21 | | Suite, Apt. #, etc. | | 59-2226401 | \$8.75 | | |
| Suite, Apr | i. #, etc. | ├ | | 5. Certificate of Status Desired | Fee Re | 1 | |
| City & S'a | ato . | City & State | | 6Election Campaign Financing | \$5.00 | Alay Be | - |
| 23 | | 28 | - | Trust Fund Contribution | Added t | o Fees | ĺ |
| Zip | Country | Zip | Country | 8. This corporation owes the current | | | 1 |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes | []No | |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Reg | gistere 1 Agent | | |
| In. | AN M. FLOCK | | 81 Name | TAMES F. PLOCK | · | | |
| | 15 CASTLEVIEW DRIVE NE | | 82 Street A | differe (D.O. Boy Number is Not Accentable | e) | - 1 | |
| | RTH FORT MYERS FL 33903 | | 83 | 73 6 CASTLEWING | prae | | |
| ,,,, | MINITED : E COSCO | | 33 | | | | |
| | | | | | Inc Zin (| cide_ | |
| | | | 84 City | 16 ET SUPERC | F 85 Zip C | 917 | |
| 11 Powers | to the arguisions of Sections 607 050 | 2 and 607.1508. Florida Statu | | o poration submits this statement for the pu | FL 33 | g/7 | |
| 11. Pursua i | to the provisions of Sections 607.050 registered agent, or both, in the State | 2 and 607 1508, Florida Statu o Flerida, Such change was at | | o poration submit sights statement for the pu ation's board of directors. I hereby accept t | FL 33 | g/7 | |
| office of agent, I | registered agent, or both, in the State am familiar with, and accept the obliga | 2 and 607.1508, Florida Statu of Florida. Such change was a status of Section 607.0505, Fix | | o poration submits this statement for the puation's board of directors. I hereby accept t | FL 33 | g/7 | |
| 11. Pursua office of agent, I | registered agent, or both, in the State am familiar with, and accept the obliga | ins of Section 607.0505, Fk | es, the above-named of uthorized by the corpor rida Statutes. | gu red when reinstating) | FL 33: Impose of changing its the appointment as residue. 5-4-97 | nigistered gistered | 100 |
| office of agent, I | registered agent, or both, in the State am familiar with, and accept the obligate Signature typed or printed new or registered agent OFFICERS AN | in industrial applicable (NOTE) ID DIRECTORS | es, the above-named or uthorized by the corpor rida Statutes. Registered Agent signature req | audit a could be an undered at the course | FL 733 Impose of changing its the appointment as reg | rigistered gistered | 1/08) |
| office or agent. I SIGNATUR: | registered agent, or both, in the State am familiar with, and accept the obligate Signature typed or printed nei is of registered agen OFFICERS AN | is this of Section 607.0505, Fix in and steen applicable (NOTE | es, the above-named or uthorized by the corpor rida Statutes. Registered Agent signature red 13. | gu red when reinstating) | FL 33: Impose of changing its the appointment as residue. 5-4-97 | nigistered gistered | 4 (44,08) |
| office or agent. I SIGNATUR: 12. TITLE NAME | registered agent, or both, in the State am familiar with, and accept the obligation of the state | in industrial applicable (NOTE) ID DIRECTORS | es, the above-named or uthorized by the corpor rida Statutes. Registered Agent signature rec 13. 11 TITLE 12 NAME | gu red when reinstating) | FL 733 Impose of changing its the appointment as reg | rigistered gistered | (034 /44/08) |
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14. I hereb / certify that the information supplied will 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 immual 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.

| _ | 81 | • | TI | ID | |
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READ TYPED OR TRINTED HAME OF SIGNING OFFICES OR DIRECTOR

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9419363142 Dayune Phone # ____

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Apr 27, 1999 8:00 am Secretary of State

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