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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

G87035

(3)

SHOE CONSULTANTS, INC.

FILED Feb 05 1998 8:00am Secretary of State



						DE DEMORRANT DEDEN DERME REDIT BEDET MENTE ERDI
Principal Place	e of Business	Mailing Address	1701N		1 (65/11) 555/11/11 (56/11)	,
1201 S. OCEAN DR., #2203N- 1201 S. OCEAN DR., #2203N- HOLLYWOOD FL 33019 HOLLYWOOD FL 33019						
HULLINGO	HOLLIWOOD PL 330	LTWOOD FL 33019		DO NOT WRI	DO NOT WRITE IN THIS SPACE.	
					3. Date Incorporated or Qualified	1
					12/27/1983	
⊢ −	lace of Business	2s. Mailing Address			4, FEI Number	Applied for
21 120/ C, O CAN 1) (? 26 Suite, Apt. #, etc.					59-2370318	Not Applicable S8.75 Additional
22 1701/					5. Certificate of Status Desired	Feo Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 HOLLYWOOD 1-1 28					1 rust Fund Contribution	Added to Fees
Zip / Country Zip			Country		8. This corporation owes or has a	
24 330	19 25 VSA	[29]	30		Personal Property Tax due Jur	
	9. Name and Address of Curre		è	1 Name	10. Name and Address of New F	Registered Agent
F	REEDMAN, ISRAEL 1701 K	1	ľ			
	201 S. OCEAN DR., #2203N		8:	2 Street	Address (P.O. Box Number is Not Accept	able)
n	OLLYWOOD FL 33019-9133		8:	3		
,**			-			
,			8-	4 City		FL 85 7ip Code
17. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE						
SIGNATORE	Signature, typed or profiled name of repistered in		OH Tergistered A	gent signature	e required when reinstating)	DATE
12.	the state of the s	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PST FREEDMAN, ISRAEL	E 1 DELL'IE	1.1 TOUE			* Change Addition
NAME STREET ADDRESS	1201 S. OCEAN DR., #22	በዩ	1.2 NAME	L ADDRESS		,
CITY-ST-ZIP	HOLLYWOOD FL	อาม อาม	1.3 SINC			· j
TITLE	1100011100011	DETETE	211111			☐ Change ☐ Addition 3
NAME			2.2 NAMI			
STREET ADDRESS			2.3 S18F	T ADDRESS		
CITY-ST-ZIP			2 4 CITY	- S1 - ZIP		
TITLE		DELETE	3 1 11111 E			Change Addition
NAME			3.2 NAME			
STHEET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP TITLE	Name of the second of the seco	DOLLE	3.4 CHY 4.1 TOUT	- S1 - ZiP		☐ Change ☐ Addition
NAME		La J CHICLE	4. 2 NAM			
STREET ADDRESS				1 ADDRESS	<u> </u>	<u> </u>
CiTY-ST-ZIP			4.4 CHY-			
TITLE		DELFTE	5.1 1111€			Change Addition
NAME			5.2 NAME	İ		
STREET ADDRESS			5.3 STRL	1 ADDRESS		
CITY-ST-ZIP			54 CITY	\$1-20"		
TITLE		L DHETE	61 HILE	l	70000242	Change Addition
NAME OXOGET ADDRESS:			6.2 NAMI	f Acutator con	-02/09/98010	05018
STREET ADDRESS				LAUDRESS	-02/09/98010 ***150.00	2.5
CITY-ST-ZIP	ertify that the information supplied	with this filmo does not qualify	for the exerc		ed in Section 119.07(3)(i) Florida Statules	

4. I pereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. Hurther 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.

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1-5-36

954-920-5825