

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J65199 (8)
 1. Corporation Name
A CUSTOM COMFORT SHOES, INC.



Principal Place of Business *Bea*
1452 E. HALLANDALE BEA BLVD
HALLANDALE FL 33009
 US

Mailing Address
730 N.E. 178TH TERRACE
N. MIAMI BEACH FL 33162
 US

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **03/10/1995**

4. FEI Number **59-2806283** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

2. Principal Place of Business *Beach*
 21 **1452 E. HALLANDALE BEA BLVD**
 Suite, Apt #, etc. 22
 City & State 23
 Zip 24 **33162** Country 25
 2a. Mailing Address 26
 Suite, Apt #, etc. 27
 City & State 28
 Zip 29 **33162** Country 30

9. Name and Address of Current Registered Agent
MORALES, HUGO G.
730 N.E. 178TH TERRACE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when possible) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DULBERG, JACK	
STREET ADDRESS	730 N.E. 178TH TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DULBERG, ROSE	
STREET ADDRESS	730 N 178TH TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DULBERG, ROBERT E.	
STREET ADDRESS	7165 NW 186 STR, STE 510	
CITY-ST-ZIP	MIAMI FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DP
33 STREET ADDRESS	DULBERG, ROBERT E.
34 CITY-ST-ZIP	9050 TAFT STREET PUN. PINES FL 33024
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. Dulberg* **ROBERT E. DULBERG** 6-25-96 954-457-1202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)