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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

199	7	DIVISION OF CO	RPORATIONS		ay of State
DOCUMENT # K19581 (3) HEAD TO TOE CORPORATION OF AMERICA					
HEAD TO TO	E CORPORATION OF	AMERICA			
Principal Place of Bus	siness	Mailing Address			
4409 NORTH FEDERAL	l HWY	4409 NORTH FEDERAL HWY	ť	·	
FT. LAUDERDALE FL S		FT. LAUDERDALE FL 33308			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
٠				03/11/1988	04/18/1996
2. Principal Place of I	Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·	65-0043000	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25		ol		Yes No
 	ame and Address of Current	Hegistereo Agent	81 Name	10. Name and Address of New Re	gistered Agent
GREEN, R	OBERT				
1521 NE 42ND ST OAKLAND PARK FL 33334			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
ONIDARD	(Mill) I E GOOGT		83		
			84 City		85 Zip Code
					
11. Pursuant to the proffice or registere	rovisions of Sections 607.0502 ad agent, or both, in the State of	^r and 607.1508, Florida Statutes of Florida, Such change was au	, the above-named cor thorized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. I am famili	ar with, and accept the obligat	tions of Section 607,0505, Flori-	da Statutes		
SIGNATURE Stonature	typed or printed name of registered agen				
SIGNATURE Signature.	typed or printed name of registered agen	it and fille II applicable. (NOTF: I	Registered Agent signature requ		DATE
Signature.		it and fille II applicable. (NOTF: I	Registered Agent signature requ	uired when reinstating)	DATE
Signature. 12. TITLE P NAME GRE	OFFICERS AND EN, ROBERT	ot and tillo II applicable. (NOTE: I	Registered Agent signature requ	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
Signature. 12. TITLE P NAME GRE STREET ADDRESS 1521	OFFICERS AND EN, ROBERT I NE 42ND ST	ot and tillo II applicable. (NOTE: I	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
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14. I do 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.

SIGNATURE

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ALLEN HOLL

dz1192

(954) 772-7277

FILED

Apr 24 1997 8:00am

Secretary of State