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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # K41969

(2)

LAINIE SHOE CORP.

FILED										
May 08 1998 8:00ar	n									
Secretary of State										



Principal Place of Business Mailing Address							T TOUCHUIN DIE BLOCK SIDIN DOLLD DOLLD	isii dibik sidi	Alge Black Di			
19575 BISCAYNE BLVD #1361 NORTH MIAMI BEACH FL 33180  19575 BISCAYNE BLVD #1361  **NORTH MIAMI BEACH FL 33180						DO NOT WRIT	E IN THIS :	SPACE				
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180							3. Date Incorporated or Qualified					
								10/28/1988				
2. Principal Pla	ace of Business	5	2a.	Mailing Address	Address			4. FEI Number		A	pplied For	
21			26	26				65-0085973			ot Applicable	
Suite, Apt. #	, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22				27				o. Certificate of Status Desired		Fee F	equired	
City & State	•		$\vdash$	City & State				Election Campaign Financing \$5.00 May Be				
23			28	28				Trust Fund Contribution Added to Fees				
Zip	Country Zip Cou				———	mry	<b>,</b>	8. This corporation owes or has paid the current year Intangible				
24	9. Name and	d Address of Curr	29 ent Regia	tered Agent	[30]	r		Personal Property Tax due Jun  10. Name and Address of New R			_ No	
CAI		*				81	Name	10. 110110 0110 11011 11	-gratorou ,	-gont		
	NDLER, MYRC 10 SHERIDAN											
	LLYWOOD FL					82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)			
110	LL I WOOD I L	2 00021				83	<del> </del>					
					:	84	City		FL	<b>85</b> Zip	Code	
11. Pursuant to	o the provisions	s of Sections 607.05	502 and 6	07.1508, Florida S	tatutes, the a	0000	e-named corpo	ration submits this statement for the		changing	ts registered	
office or re agent. I an	egistered agent. n familiar with, s	, or both, in the Sta and accept the obli	te of Florid loations of	da. Such change v L. Section 607.0505	vas authorize 5. Florida Stat	d by utes	y the corporatio s.	ration submits this statement for the n's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE _		•	•									
Š	Signature, typed or pr	rinled name of registered a				Age	ent signature required		DATE	***************************************		
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	_		
TITLE	D	NO EL 4161E		☐ DELETE	1.1 Tf					L_ Change	Addition	
NAME		RG, ELAINE			1.2 N/							
STREET ADDRESS	N MIAMI B	CAYNE BLVD.					ADDRESS					
CITY-ST-ZIP TITLE	D D	CH FL		☐ DELETE	1.4 CF 2.1 Tr		17-ZIP			Change	Addition	
NAME	_	RG, HARVEY			2.1 N						Addition	
STREET ADDRESS		CAYNE BLVD.			1		ADDRESS					
CITY-ST-ZIP	N MIAM! B						ST-ZIP	-:				
TITLE	***************************************	OTTE		☐ DELETE	3.1 71		51-211			Change	Addition	
NAME				_	3.2 N					- · · · · ·		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							ST - ZIP					
TITLE				☐ DELETE	4.1 TI			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	☐ Addition	
NAME					4.2 N	AME	ļ				}	
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY-ST-ZIP					4.4 CI	Y-S	T-ZIP					
TITLE				☐ DELETE	5.1 Til	LE				Change	Addition	
NAME					5.2 NA	ME						
STREET ADDRESS					5.3 ST	reet	ADDRESS					
CITY-ST-ZIP					5.4 CI	Y-5	T- Z1P					
TITLE				☐ DELETE	6 1 TIT	LE				☐ Change	Addition	
NAME												
					6.2 NA	ME						
STREET ADDRESS CITY-ST-ZIP							ADORESS					

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 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.