
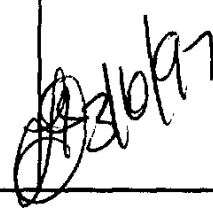


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M95000000243			
LC FOOTWEAR, L.L.C., LIMITED COMPANY % WILLIAM PRESCOTT 6622 SOUTHPOINT DR. SO., STE. 200 JACKSONVILLE FL 32216		1a. Principal Place of Business Address % WILLIAM PRESCOTT 6622 SOUTHPOINT DR. SO., STE. JACKSONVILLE FL 32216			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1995 DE	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3318322	
Country		Country		5. Date of Last Report	
				03/12/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
E & L CORP., 200 LAURA STREET JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LC FOOTWEAR, INC.	% PAUL C. VANCE, ONE STADIU		JACKSONVILLE FL	
200002109072--3 -03/10/97--01148--013 ****203.75 ****203.75					
					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>William R. Prescott</u> William R. Prescott, CFO 2-24-97 904-261-8008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					

FILE NOW. FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

97 MAR -6 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 500527

(7)

1. Corporation Name  
COINHT, INC.

Principal Place of Business

6135 N.W. 16TH ST.  
STE #E-21  
MIAMI FL 33015

Mailing Address

6135 N.W. 16TH ST.  
STE #E-21  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1976

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1662739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

2. Principal Place of Business

6135 NW 167 Street

Suite, Apt. #, etc.

Suite E-21

City & State

Miami, FL

Zip

33015

Country

USA

2a. Mailing Address

6135 NW 167 Street

Suite, Apt. #, etc.

Suite E-21

City & State

Miami, FL

Zip

33015

Country

USA

9. Name and Address of Current Registered Agent

ROGOVIN, LAWRENCE H.  
17071 W DIXIE HWY  
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

Rogovin, Lawrence H.

82 Street Address (P.O. Box Number is Not Acceptable)

1031 Ives Dairy Road

83

Suite 125

84 City

Miami

FL

85 Zip Code  
33179

1. 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	X PD
NAME	HOCHBERG, JOEL	1.2 NAME	HOCHBERG, JOEL
STREET ADDRESS	2433 N.E. 202ND ST	1.3 STREET ADDRESS	318 SOUTH PARKWAY
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	GOLDEN BEACH, FL 33160
TITLE	STD	2.1 TITLE	X STD
NAME	HOCHBERG, MARCIA	2.2 NAME	HOCHBERG, MARCIA
STREET ADDRESS	2433 N.E. 202ND ST	2.3 STREET ADDRESS	318 SOUTH PARKWAY
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	GOLDEN BEACH, FL 33160
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	300002109073--0
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	-03/10/97--01148--014
TITLE		4.1 TITLE	***365.00
NAME		4.2 NAME	***365.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dying Phone