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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P

P93000035598 (0)

RUGGED FOOTWEAR COMPANY

Principal Place of Business Mailing Address						fi l ikita ishir tr ini da n	I ODIII BOICO IIIO		iālāl IDII lādi	
4701 N FEDERAL HWY STE 380 LIGHTHOUSE POINT FL 33064 US		4701 N FEDERAL HWY STE 380 LIGHTHOUSE POINT FL				DO NOT WHITE IN THIS SPACE				
		US				orated or Qualified				
5 Principal P	lace of Business	2a, Mailing Address			05/13/1 4. FEI Number	993			plied For	
	ide of business	26			1 "	10000			of Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.			65-041			\$8.75		
22		27			5. Certificate of	Status Desired	П	Fee Re		
City & State		City & State	City & State		6. Election Cam	npaign Financing		\$5.00	May Be	
23		28			Trust Fund C	ontribution		Added t	o Fees	
Zip	Country	├ ¬			1 -	tion owes or has p			- *	
24	25 29 30					perty Tax due Jun- Address of New R			J No	
g, Name and Address of Current Registered Agent JOSIAS, STEVEN L				Nam	TU. Maine and A	MUIDOS OF HOW IN	affisionen vå	joitt		
		81				<u></u>				
I .	099 E COMMERCIAL BLVD		82	Stree	Address (P.O. Box Numl	oer is Not Accepta	ıble)			
, ,	TE 200		83							
"	T LAUDERDALE FL 33308								0	
			84	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the above	e-name	corporation submits this	statement for the	purpose of cl	hanging it	s registered	
office or r	egistered agent, or both, in the State of militar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by ida Statute:	y the co s.	oration's board of direct	tors. I nereby acce	apt the appoir	niment as	registereo	
SIGNATURE	,									
Ordinariona	Signature, typed or printed name of registered agen			ent signatu	required when reinstating)		DATE			
12.	OFFICERS AND		13.		ADDITIONS/C	HANGES TO OFFI		DIRECTOR Change	IS IN 12 Addition	
TITLE	D WEOLAN JOHN THAN	☐ DELETE	1.1 TITLE				L.	_ Change	L Audilion	
NAME	WERMAN, JONATHAN	00	1.2 NAME	1000000						
STREET ADDRESS	4701 NO FEDERAL HWY #3	80	1.3 STREET							
CITY-ST-ZIP TITLE	<u>LIGHTHOUSE POINT FL</u> D	DELETE	1.4 CITY - S 2.1 TITL€	1-ZIP	***			Change	Addition	
NAME	WERMAN, GERALD		2.2 NAME				_	- •	_	
STREET ADDRESS	1452 BAY BLVD		2.3 STREET	ADDRESS						
CITY-ST-ZIP	ATLANTIC BEACH NY		2. 4 CITY -	ST-ZIP						
TITLE		DELETE	3.1 TITLE				L	Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE1	ADDRESS						
CITY-ST-ZIP			3.4. CITY-	S1-ZIP						
TITLE		DELETE	4.1 TITLE				L	_ Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP		Document	4.4 CITY-S	T-ZIP				7 Change	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE				L	Change	ADDITION	
NAME			5.2 NAME	4000000						
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	II-ZIP				Change	Addition	
NAME			6.2 NAME				_			
STREET ADORESS		/ /	6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S	17 - ZIP						
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exemp	tion sta	d in Section 119.07(3)(i)	, Florida Statutes.	I further certi	fy that the	information	
14. Thereby certify that the information supplied with the 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 a mual 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 attriction of the corporation of 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 attriction of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in										