Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90129 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080522

1. Corporation Name

JACKSON ROSS SHOE CORPORATION

Principal Place of Business Mailing Address						1 (821/84) 1/2 (819) 4111/ 8811/ 88	*** ***** ******		
853 N NOBHILL RD 11841 N.W. 381 PLANTATION FL 33324 SUNRISE FL 33 US						DO NOT WRITE IN THIS SPACE			
••						3. Date Incorporated or Qualifed 10/12/1995			}
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26				65-0616661			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee R	Additional Required
City & State	· 	City & State 28	* **	_		6. Election Campaign Financing Trust Fund Contribution		Added	May Be I to Fees
Zip 24	Country 25	Zip 29	<u></u>			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New F	tegistered .	Agent	
DIM	ATTEI, DONALD D.			81	Name				
1184				Street Addr	ess (P.O. Box Number is Not Acceptable)				
SUN	RISE FL 33323	4		83			•		
	. ·			84	City		FL	.   `   `	Code
office or n agent. La SIGNATURE	m familiar with, and accept the obliga	itions of, Section 607.0505,	rionda Stat	utes.		oration submits this statement for the on's board of directors. I hereby access	pt the appoi	ntment as r	egistered
40	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			Agen	i signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D OFFICERS AI	13.	TLE	T	ABBITION GOVERNOUS TO ST		Change		
NAME	DIMATTEI, DONALD	_	1.2 N	ME					
STREET ADDRESS	11841 N.W. 38TH PLACE		1.3 \$	REET	ADDRESS				ļ.
CITY-ST-ZIP	SUNRISE FL 33323	1.4 CI	TY-S1	r-21P					
TITLE	D	2.1 ΤΙ	n.E			•	Change	Addition	
NAME	DIMATTEI, PATRICIA		2.2 N	ME					
STREET ADDRESS	11841 N.W. 38TH PLACE		2.3 S	REET	ADDRESS				t
C/TY-ST-ZIP	SUNRISE FL 33323			ITY-5	T-ZIP				
TITLE"	ده د المعاد المستحصوب شد	DELETE	3.1 17	TLE		2. 2.1.		* ☐ Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADORESS				
CITY-\$T-ZIP				ITY-S	T-ZIP	5-44-0 \$44-		Change	Addition
TITLE		☐ <u>DÉTE</u> IE						□ onango	
NAME			4. 2 N		- ADDOCCO				
STREET ADDRESS	•				ADDRESS				}
CITY-ST-ZIP TITLE				TY-S] TLE	1-71L			Change	e · [] Addition
NAME			5.2 N				•		
STREET ADDRESS	•				ADDRESS				}
CITY-ST-ZIP	,		P	TY-S1					
TITLE		☐ DELETE			<del></del>			☐ Change	Addition
NAME			6.2 N	AME					}

14. 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 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 recover 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 accuracy, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP