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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Jun 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101537 (4)

ANSARI'S ATHLETIC SHOES, INC.

Principal Place of Business Mailing Address 7061 GRAND NATIONAL DR 7061 GRAND NATIONAL DR SUITE 137 SUITE 137 ORLANDO FL 32819 ORLANDO FL 32819-8906 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANSARI, TAHIR 7061 GRAND NATIONAL DR 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 137** 83 ORLANDO FL 32819 84 City Zip Code 11. 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE DELETE 1.1 THLE Change Addition ANSARI, TAHIR NAME 1.2 NAME 7081 GRAND NATIONAL DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 CITY - \$1 - 2IP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 1IILE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TiTLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADORESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-7IP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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.

Assa i

4-10-92