## 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 # P97000063523 (9)

DYEABLE SHOES BY MICHAEL, INC.

**FILED** Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 1 tabingar ma tötir täbri adrik adrik adrit adrit absta atta bitad iridi dired sidda irit tödi		
	WEST 30TH AVENUE	2910 SOUTHWEST 30TH	AVENUE				
HALLANDALE	FL 33009	HALLANDALE FL 33009				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/23/1997	
2. Principal P	ace of Business	2a. Mailing Address			<del></del>	4. FEI Number Applied For	
21		26				65-0769475 Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Hequired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
<b>23</b> Zip				intry		Trust Fund Contribution LJ Added to Fees  8. This corporation owes or has paid the current year intangible	
24	25	29	30			Personal Property Tax due June 30. Yes OX No	
	g. Name and Address of Current	11	1001			10. Name and Address of New Registered Agent	
AM	IERILAWYER CHARTERED			81	Name		
	3 ALMERIA AVENUE			82	Street Addre	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134						COLUMN TO THE CO	
				83			
				84	City	FL es 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.							
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Stat	utes	i.	and a board of an original find oby accept the appearance as registered	
SIGNATURE Signature, typed or printed name of registered agent and blin it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TI	TLE		☐ Change ☐ Addition	
NAME	WEIFORD, MICHAEL D		1.2 N/	ME			
STREET ADDRESS 2910 SOUTHWEST 30TH AVENUE		NUE	1.3 9		ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009			TY - \$1	r-ziP		
TITLE		DELETE	2.1 TI	TLE		☐ Change ☐ Addition	
NAME			2.2 N		J		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	2.40 3.1 Ti	TY-S	T-ZIP	☐ Change ☐ Addition	
NAME			3.7 MAN			டு படிக்க டி அம்பம்	
STREET ADDRESS	i				ADDRESS		
CITY-ST-ZIP				ITY-S			
TITLE		DELETE	4.1 Ti		·· •·"	Change Addition	
NAME			4. 2 N	AME	1	·	
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	4.		4.4 CI	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 Ti	TLE		☐ Change ☐ Addition	
NAME			5.2 NAME		ł		
STREET ADDRESS			5.3 S	reet	ADDRESS		
CITY-ST-ZIP				TY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TI		}	Change Additio	
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	navify that the information complied wi	th this filius does not qualify t		TY - SI		Coation 110 07/2VI) Florida Statutan   further cartify that the Information	

r receive certify that the information supplied with this filing does not quality 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.

SIGNATURE:

Michael N. Weiford

4-15-98

954-456-0102