CORPORATION ANNUAL REPORT 1998



Sandra B. Mortifam

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT # P97000072037

AFC SHOE WAREHOUSE, INC.

|  | <b>∜</b>   |     |  |  |
|--|--|-----|--|--|
| Principal Place of Business                        | Mailing Address                                    | 7   |  |  |
| 1805 MAIN STREET<br>SUITE 912<br>SARASOTA FL 34236 | 1805 MAIN STREET<br>SUITE 912<br>SARASOTA FL 34236 |     |  |  |
| 1  | •  | 1.0 |  |  |

May 14 1998 8:00am Secretary of State

| <u> </u>   |  |   |   | <b>e</b> (                        |  |  |  |
|--|--|---|---|-----------------------------------|--|--|--|
| Principal Place of Business                        | <b>?</b> ``  | - Contract and in the contraction of the party and the contraction of | att naten tilbit tent tent  |                                   |  |  |  |
| 1605 MAIN STREET<br>SUITE 912<br>SARASOTA FL 34236 | 1805 main street<br>Suite 912<br>Sarasota FL 34238 |   | DO NOT WRITE IN THIS SPACE  |                                   |  |  |  |
| :  | 4.   |   | Cale India Stated of Qualified  | 1.                                |  |  |  |
| Principal Place of Business                        | 2e. Mailing Addi 3s                                |   | FEI Num!  | Applied For Not Applicable        |  |  |  |
| Suite, Apt. #, etc.                                | Suite, Apt. #, etc.                                |   | o. Certificate of plattice passing and the control of the control | \$8.75 Additional<br>Fee Required |  |  |  |
| City & State                                       | City & State                                       | i, k  | 6. Election Company of Engineering Trust Full Con About   | \$5.00 May Be<br>Added to Fees    |  |  |  |
| Zip Country  | Zip (30)   | ountry  | hls compretion of as or has paid the current Personal openly as due June 30.  | nt year Intangible<br>Yes         |  |  |  |
| Name and Address of Current Registered Agent       |  |   | 10. Name kind Address of New Registered Agent   |                                   |  |  |  |
| SCOVIL H W   |  | 81 Name   |   | रेंद्रेश<br>इ                     |  |  |  |
| SUITE 212,   |  |   | ss (P.O. Box Number is Not Acceptable)  |                                   |  |  |  |
| SARASOTA FL 34236                                  |  | 83  | *   |                                   |  |  |  |
|  |  | <b>64</b> City  | FL  | 85 Zip Code                       |  |  |  |

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.

| IQNATURE                | <u> </u>  |          |                            | , AV2-     |  |          |               |
|-------------------------|---|----------|----------------------------|------------|--|----------|---------------|
|                         | Signature, typed or printed name of registered agent and little if applicable | (NOTE: R | erulațioja InegA berotaige |            |  | DATE     |               |
| 12.                     | OFFICERS AND DIRECTORS  | OFLEY!   | 13.                        | *ADDITIC   | ONS/CHANGES TO OFFICER   |          |               |
| NAME                    |   | DELETE   | 1.1 TITLE                  | .*         |  | ☐ Change | ☐ Addition    |
| NAME                    | SANDERSON, DENNIS   |          | 1.2 NAME                   | ,          |  |          | i i           |
| STREET ADORESS          | 4471 MCINTOSH LAKE AVENUE   |          | 1.3 STREET ADDRESS         | <b></b>    | 10 A 10 A  | *        | .5            |
| 421P                    | SARASOTA FL 34233   |          | 1.4 CITY-ST-ZIP            | 2.372.8    |  |          |               |
| \$                      | Ļ   | DELETE   | 2.1 TITLE                  |            |  | . Change | Addition      |
| 7.<br>C 22.             |   |          | 2.2 NAME                   |            | ****   |          |               |
| REFERENCE SE            |   |          | 2.3 STREET ADDRESS         |            |  |          | المحر المنيار |
| ZiP ZIP                 |   |          | 2.4 CITY-ST-ZIP            |            |  |          | 274           |
|                         |   | DELETÉ   | 3.1 TITLE                  |            |  | ☐ Change | L             |
| NAME .                  |   |          | 3.2 NAME                   | <i>i</i> . |  |          | A Maria       |
| STREET ADORESS          |   | 1        | 3.3 STREET ADDRESS         | •          |  |          | 100           |
| CITY-ST-ZIP             | <u> </u>  |          | 3.4. CITY - ST - ZIP       |            |  | 178      | A A A         |
| TIE .                   |   | DELETE   | 4.1 TITLE                  |            | ,  | Change   | Addition      |
| ***                     |   |          | 4. 2 NAME                  |            |  | •        |               |
| STREET ADORESS          | ,   |          | 4,3 STREET ADDRESS         |            | A STATE OF THE STA | •        | 10.           |
| CITY-ST-ZIP             | i -   |          | 4.4 CITY - ST - ZIP        |            |  |          |               |
|                         |   | DELETE   | 5.1 TITLE                  |            |  | Change   | ☐ Addition    |
|                         | : .   |          | 5.2 NAME                   |            |  |          | , ,           |
| 39: 1 <sub>21</sub> .SS | ·<br>- *  |          | 5.3 STREET ADDRESS         |            |  |          | i,            |
| ,                       |   |          | 5.4 CITY-ST-ZIP            | · .        |  |          | 3             |
| -                       |   | DELETE   | 6.1 TITLE                  |            |  | Change   | Addition      |
| 112.9                   |   |          | 6.2 NAME                   |            |  |          |               |
| TREET ADORESS           | **  |          | 6.3 STREET ADDRESS         | •          |  |          |               |
| CITY-ST-ZIP             |   |          | 6.4 CITY - ST - ZIP        |            |  |          | *             |

Thereby 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 supplication 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.