

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

FILED
Mar 10 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000083089 (7)

1. Corporation Name

MACRO SHOES UNLIMITED, INC.



Principal Place of Business
511 S.W. 62ND WAY
MARGATE FL 33068
5335 N. MILITARY TR SUITE # 50
WEST PALM BEACH, FL 33407

Mailing Address
511 S.W. 62ND WAY
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 5335 N. MILITARY TR Suite, Apt. #, etc. 22 SUITE 50 City & State 23 WEST PALM BEACH, FL Zip 24 33407 | 2a. Mailing Address 25 511 S.W. 62ND WAY Suite, Apt. #, etc. 26 SUITE 50 City & State 27 WEST PALM BEACH, FL Zip 28 33407 | 3. Date Incorporated or Qualified 09/24/1997 | 4. FEI Number 65-0798077 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent ROSENWATER, BRUCE S 1801 FORUM PLACE SUITE 1200 WEST PALM BEACH FL 33401 | 10. Name and Address of New Registered Agent 81 Name MACKENSON BERNARD 82 Street Address (P.O. Box Number is Not Acceptable) 5335 N. MILITARY TRAIL 83 SUITE #50 84 City WEST PALM BEACH FL 85 Zip Code 33407 |
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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 607.0503, Florida Statutes.

SIGNATURE: Mackenson Bernard DATE: 02/27/98

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BERNARD, MACKENSON 511 S.W. 62ND WAY MARGATE FL 33068 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PRESIDENT, DIRECTOR BERNARD, MACKENSON 511 S.W. 62ND WAY MARGATE, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BERNARD, NADEGE 611 S.W. 62ND WAY MARGATE FL 33068 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VICE-PRESIDENT, DIRECTOR BERNARD, NADEGE 511 S.W. 62ND WAY MARGATE, FL 33068 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | JEAN- HUGOR AHRENDS 511 S.W. 62ND WAY MARGATE, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | SECRETARY, DIRECTOR CALYPSE JEAN LOUIS 6335 PINESTAD DRIVE LAKE WORTH, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | TREASURER, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: Mackenson Bernard (561) 682-9582

CR2E034 (1097)