PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095625 1. Corporation Name

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90099 012 ***150.00

SHOE REPAIR PRO, INC.				
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de la faire de la companya de la com				
Principal Place of Business	Mailing Address			
1954 EAST SUNRISE BLVD 1954 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE		
	•		3. Date Incorporated or Qualifed	7
			11/07/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For]
21	26		65-0792671 Not Applicable	1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired 5, Certificate of Status Desired Fee Required	
22	27		1 66 (Kadaliou	1
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	Ì
23 Country	28	Country	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	1
Zip Country	29 30	¬ '	Personal Property Tax.	-
24 25 9. Name and Address of Current		<u></u>	10. Name and Address of New Registered Agent	
g, Marile and Address of Current	regional out rigant	81 Name 7	GOR ROZOV	
FALCONE, JEANETTE		82 Street Add	Izess (P.O. Box Number is Not Acceptable)	1
480 NW 76TH AVE		49	901 NE 26 Avenue # 4	1
#301		83	The state of the s	
MARGATE FL 33063		84 City	La de do la El 85 Zio Code	1
C	and COZ AEOO Florido Ptotutos	the above somed corr	FL 33308	
11. Pursuant to the provisions of Sections 607 0502office or registered agent, or both, in the State of	f Florida. Such change was auth	orized by the corporati	poration submits this statement for the purpose of changing its registered and one board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	04/07/99	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	16
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 5
D) (CT				
mile PVST	DELETE	1,1 TITLE	Change Addition	1
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR