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

PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000084076

1. Corporation Name

\$9.99 SHOE DEPOT, INC.

Principal	Place of Business
11450 NW	20TH DIACE

Mailing Address

11460 NIM SOTU DI ACE

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90105 024 \*\*\*150.00



SUNRISE FL 33323		SUNRISE FL 33323		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 99/29/1998			
2.	. Principal Place of Business	2a. Mailing Address		4. FEI Number 866175	Applied For		
21	,	26		65-0000173	Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required :		
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip Country	Zip 30	Country	This corporation owes the current year In     Personal Property Tax.	ntangible <b>⊠</b> Yes □ No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FALLON, GARY 11450 N.W. 38TH PLACE			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	CHADICE EL 22222		-   -   -   -   -   -   -   -   -   -				

City\_

11. Pursuant to the provisions of Sections of 0.0502 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 opyrighous of, Section 607.0505, Florida Statutes.									
SIGNATURE	Was Chillen GARY	FALLON	3/9/9	19					
SIGNATORE	Signature, pped or printed name of registered agent and title if applicable. (NOT): Ri	egistered Agent signature r							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO					
TITLE .	☐ DELETE	1.1 TITLE	TREASURER	Change	Addition				
NAME ,		1.2 NAME	Joseph R. P. eres ADL	7, +					
STREET ADORESS		1.3 STREET ADDRESS	TREASURER Joseph R. P. eres 3780 Inversory D. APH	211					
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Land. FL. 33319						
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 TITLE -	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition				
NAME		3.2 NAME			į				
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CITY-ST-ZIP		3.4, CITY-ST-ZIP	,,6,						
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME	· y	4. 2 NAME							
STREET ADDRESS	ÝX '	4.3 STREET ADDRESS			,				
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETE	5.1 TITLE	A Secretary of the second	Change	Addition				
NAME		5.2 NAME	A A Section 1						
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-Z/P							
TITLE	□ DELETE	6.1 TITLE		Change	☐ Addition				
NAME	- -	6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS			ļ				
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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 or far attachment with an address) with all other like empowered.

SIGNATURE:

Zip Code

85