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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

12901 W SUNRISE BLVD

SUITE 139



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S08611

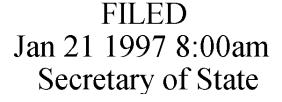
Mailing Address

SUITE 139

12801 W SUNRISE BLVD

ATHLETIC FOOTWEAR, INC.

(3)





SUNRISE FL 3	3323-2962		SI	SUNRISE FL 33323-2962								
								3.	3. Date Incorporated or Qualified 10/25/1990 3a. Date of Last Report 03/08/1996			Report
2. Principal Place of Business			2a. 26	2a. Mailing Address				4.	FEI Number 65-0223903		\vdash	pplied For
Suite, Apt. #, etc.				Suite Ant # etc				+	0070223803	·		ot Applicable
22				P.O.BOX	Thitic Footwear 2. Apt. # etc. o. Box 450309				Certificate of Status Desired			Additional equired
City & State				City & State SUNRI'SRIFL				Election Campaign Financing		\$5.00	May Be	
23			28	SUNRIS	L/	6	L		Trust Fund Contribution			to Fees
<i>Z</i> _I p		Country		Zip		ountry		8.	This corporation has liability for i	ntangible ta	x under :	s. 199.032,
24		25	29	333 Y S	30	ν	SA			Yes 🔲		
		and Address of Curr	rent Regis	tered Agent		-	T	10.	Name and Address of New Re	gistered Ag	ent	
SAFA, WALID 12801 W SUNRISE BLVD						81 Name						
		RISE BLVD			82 Street Addre			ess (P.O. Box Number is Not Acceptable)				
Suite 139 Sunrise Fl 33322												
SUN	inise fl 3	3322				83						
						84	City				85 Zip	Code
44 5			F 60	47.4500 Feedle Oct		ļ	<u> </u>			FL		
Office of r	enistaren ad	tent or both in the Sta	110 01 100.	da. Such change was f, Section 607.0505, Fl	OLIT DATES	ad h	z tan carnaratio	oratio ion's b	n submits this statement for the popular of directors. I hereby acception	urpose of cl of the appoin	nanging i ntment as	its registered registered
SIGNATURE	Signature types	for printed name of registered	agent and tick	if applicable (NO	T£. Register	red Age	ent signature required	ed when	reinstating)	DATE		
12.		OFFICERS A			13				ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12
1-TLE	D			DELETE	1.1	TITLE					Change	Addition
NAME	safa, W				1.2	NAME					-	
STREET ADDRESS		' Sunrise blvd 13	9		1.3	STREET	ADDRESS					
CITY-ST-2IF	SUNRISE	FL			1.4	CITY-S	ST-ZIP					
TITLE				DELETE		TITLE					Change	Addition
NAME					2.2	NAME	į					
STREET ADDRESS					2.3	STREET	ADDRESS					
CITY-ST-ZIF					2.4	CITY -	ST-ZIP					
TITLE				☐ DELETE	3.1	TITLE					Change	Addition
NAME					3.2	NAME						ļ
STREET ADORESS					33	STREET	ADDRESS					:
CITY-ST-ZIP					34.	CITY-S	ST-ZIP			*		
TITLE				☐ DELETE	4.1	TITLE		·		Ĺ	Change	Addition
NAME					4. 2	NAME						
STREET ADDRESS					4.3	STREET	ADDRESS					
CITY-ST-ZIP					44	CITY-S	91 - 2iP					
TITLE				DELETE	51	TITLE					Change	Addition
NAME					52	NAME						
STREET ADORESS					5.3	STREET	ADDRESS					
CITY-ST-ZIP					54	CITY-S	i1 - ZIP					
TITLE				DELETE		TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					6.2	NAME					7	
STREET ADORESS							ADDRESS					
CITY-ST-ZIF						CITY-S						
	by certify that	it the information supp	lied with th	nis filing does not qual				in Se	ction 119.07(3)(i), Florida Statutes	I further c	artifu that	tho

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 plants of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0282570