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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$74737

(5)

SNEAKER DEPOT, INC.

Principal Place of Business Mailing Address 3622 NW 59TH ST. 3622 NW 59TH ST. COCONUT CREEK FL 33073 COCONUT CREEK FL 33073-4111 3a. Date of Last Report 3. Date Incorporated or Qualified 08/19/1991 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0285384 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation has liability for Intangiple to Country Zip Country k under s. 199.032, Florida Statutes Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WENE, JACK 3622 NW 29TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33073** 83 84 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature typed or princed harne of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition DELETE Change TITLE 1.1 TITLE WENE, JACK NAME 1.2 NAME 3622 NW 59TH ST 1.3 STREET ADDRESS STHEEL ADDRESS COCONUT CREEK FL CHTV - \$1 - 719 1.4 CITY-ST-ZIP DELETE Change Addition THEF 21 TITLE SMALL, PATTI NAME 22 NAME 3822 NW 59TH ST STREET ADDRESS 2.3 STREET ADDRESS COCONUT CREEK FL 2.4 CITY - ST - ZIP CITY-S1-7iF DELETE Change Addition Tille 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ALMRESS 34 CITY-ST-ZIP CITY-ST ZIF Change Addition BILE DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C 1Y - ST - 2(P) DELETE Change Addition 51 TITLE THE 5.2 NAME NAM3 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition THLE 6.1 TITLE

14. I do 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 angual 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

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NWE

STREET ADDRESS

96 60

CR2EG34

FILED

May 15 1997 8:00am

Secretary of State