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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97057** **(1)**

1. Corporation Name

DR. FABRICANT'S FOOT HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
21000 BOCA RIO RD BOCA RIO CTR A15 BOCA RATON FL 33433	21000 BOCA RIO RD BOCA RIO CTR A15 BOCA RATON FL 33433

2. Principal Place of Business	2a. Mailing Address
21 **400 Oser Avenue**	26 **400 Oser Avenue**
Suite, Apt. #, etc. 22 **Suite 1400**	Suite, Apt. #, etc. 27 **Suite 1400**
City & State 23 **Hauppauge, NY**	City & State 28 **Hauppauge, NY**
Zip 24 **11788** 25 County	Zip 29 **11788** 30 County

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **65-0333434** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has activity for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FABRICANT, B. ROBERT
6507 VIA ROSA
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICER(S) AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	PD	☐ DELETE	1 TITLE	CD	☒ Change ☐ Addition
NAME	FABRICANT, B. ROBERT		2 NAME		
STREET ADDRESS	6507 VIA ROSA		3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	FABRICANT, BARBARA		22 NAME		
STREET ADDRESS	6507 VIA ROSA		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	PD	☐ Change ☒ Addition
NAME			32 NAME	Howard Smith	
STREET ADDRESS			33 STREET ADDRESS	21 Aldgate Drive East	
CITY-ST-ZIP			34 CITY-ST-ZIP	North Hills, NY 11030	
TITLE		☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME			42 NAME	Robert Smith	
STREET ADDRESS			43 STREET ADDRESS	146 Dove Hill Drive	
CITY-ST-ZIP			44 CITY-ST-ZIP	Manhasset, NY 11030	
TITLE		☐ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME			52 NAME	Robert Rosenthal	
STREET ADDRESS			53 STREET ADDRESS	4 Pin Oak Court	
CITY-ST-ZIP			54 CITY-ST-ZIP	Old Brookville, NY 11545	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Howard Smith Howard Smith 3/15/96 516-951-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number