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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**400 OSER AVE
SUITE 1400
HAUPPAUGE NY 11788
US**

**400 OSER AVENUE
SUITE 1400
HAUPPAUGE NY 11788-3600
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
03/20/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1508, 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 of person appointed as registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**CD
FABRICANT, B. ROBERT
6507 VIA ROSA
BOCA RATON FL**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**D
FABRICANT, BARBARA
6507 VIA ROSA
BOCA RATON FL**

1.2 NAME
1.3 STREET ADDRESS **1800 S. Ocean Blvd. Apt. 9B**
1.4 CITY-ST-ZIP **Boca Raton, FL, 33432**

TITLE ☐ DELETE

**PD
HOWARD SMITH
21 ALDGA TE DRIVE EAST
NORTH HILLS NY**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1800 s. Ocean Blvd. Apt. 9B**
2.4 CITY-ST-ZIP **Boca Raton FL, 33432**

TITLE ☐ DELETE

**D
ROBERT SMITH
146 DOVE HILL DRIVE
MANHASSET NY**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5 Deepwood CT**
3.4 CITY-ST-ZIP **Old Westbury, NY 11568**

TITLE ☐ DELETE

**D
ROBERT ROSENTHAL
4 PIN OAK COURT
OLD BROOKVILLE NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

516-951-4100

Date Daytime Phone #

CR2E034 (9/96)