

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019065
 1. Corporation Name
SHOE CLEARANCE CENTER, INC

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified 02/15/96	3a. Date of Last Report
4. FEI Number 650674934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6738 North University Dr	26 6738 North University Dr
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 TAMARAC FL	28 TAMARAC FL
24 33321	29 33321

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name MONTE RASKIN
	82 Street Address (P.O. Box Number is Not Acceptable) 6738 NORTH UNIVERSITY DR
	83
	84 City TAMARAC FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1818, 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 *Monte Raskin* 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	PRES. RASKIN, ANDREW
STREET ADDRESS		13 STREET ADDRESS	2100 W. ATLANTIC AVE
CITY-ST-ZIP		14 CITY-ST-ZIP	DELRAY BCH FL 33445
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	VP EMIN, KAREN
STREET ADDRESS		23 STREET ADDRESS	2100 W. ATLANTIC AVE.
CITY-ST-ZIP		24 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	VP HORWITZ, JANE
STREET ADDRESS		33 STREET ADDRESS	2100 W. ATLANTIC AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	ST. RASKIN, MONTE
STREET ADDRESS		43 STREET ADDRESS	2100 W. ATLANTIC AVE
CITY-ST-ZIP		44 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	500002197165
STREET ADDRESS		53 STREET ADDRESS	-06/02/97--01017--006
CITY-ST-ZIP		54 CITY-ST-ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(c), 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 in an attachment with an address.

SIGNATURE: *Monte Raskin* 4/20/97

CR2E034 (9/96)