

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97057 (1)**

1. Corporation Name
DR. FABRICANT'S FOOT HEALTH PRODUCTS, INC.



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

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

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 liability 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FABRICANT, B. ROBERT	
STREET ADDRESS	6507 VIA ROSA	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FABRICANT, BARBARA	
STREET ADDRESS	6507 VIA ROSA	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN "12"

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Howard Smith	
33 STREET ADDRESS	21 Aldgate Drive East	
34 CITY-STATE-ZIP	North Hills, NY 11030	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robert Smith	
43 STREET ADDRESS	146 Dove Hill Drive	
44 CITY-STATE-ZIP	Manhasset, NY 11030	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert Rosenthal	
53 STREET ADDRESS	4 Pin Oak Court	
54 CITY-STATE-ZIP	Old Brookville, NY 11545	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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)(k), 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 this corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on a subsequent filing with an address.

SIGNATURE: *Howard Smith* **Howard Smith** 3/15/96 516-951-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)