

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

**FILED**  
**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: **400 OSER AVE SUITE 1400 HAUPPAUGE NY 11788 US**  
 Mailing Address: **400 OSER AVENUE SUITE 1400 HAUPPAUGE NY 11788-3600 US**

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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 607.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FABRICANT, B. ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>6507 VIA ROSA</b>	1.3 STREET ADDRESS	<b>1800 S. Ocean Blvd. Apt. 9B</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	<b>Boca Raton, FL, 33432</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FABRICANT, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>6507 VIA ROSA</b>	2.3 STREET ADDRESS	<b>1800 s. Ocean Blvd. Apt. 9B</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	<b>Boca Raton FL. 33432</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD SMITH</b>	3.2 NAME	
STREET ADDRESS	<b>21 ALDGATE DRIVE EAST</b>	3.3 STREET ADDRESS	<b>5 Deepwood CT</b>
CITY - ST - ZIP	<b>NORTH HILLS NY</b>	3.4 CITY - ST - ZIP	<b>Old Westbury, NY 11568</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT SMITH</b>	4.2 NAME	
STREET ADDRESS	<b>146 DOVE HILL DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MANHASSET NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT ROSENTHAL</b>	5.2 NAME	
STREET ADDRESS	<b>4 PIN OAK COURT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OLD BROOKVILLE NY</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 a attachment with an address.

SIGNATURE: *Howard Smith* **REQUIRED**      Date: **3/12/97**      Daytime Phone #: **516-951-4100**

CR2E034 (9/96)