

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

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

95 MAR -7 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045828 (8)**

1. Corporation Name  
**LIMITED SHOES OF FLORIDA, INC.**

2. Principal Place of Business  
**6759 NEWPORT LAKE CIRCLE  
BOCA RATON FL**

3. Mailing Address  
**6759 NEWPORT LAKE CIRCLE  
BOCA RATON FL**

DO NOT WRITE IN THIS SPACE

3. Date first reported or organized  
**06/20/1994**

3a. Date of Last Report

4. FEI Number  
**65-0506584**

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

21. Principal Place of Registration	2a. Mailing Address
22. State Agent Name	2b. Mailing Address
23. City & State	2c. City & State
24. Zip	2d. Country

**9. Name and Address of Current Registered Agent**

**SHUB, MARLENE  
6759 NEWPORT LAKE CIRCLE  
BOCA RATON FL**

**10. Name and Address of New Registered Agent**

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

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title) \_\_\_\_\_

Date \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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

12.1 NAME <b>D SHUB, MARLENE</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS <b>6759 NEWPORT LAKE CIRCLE</b>	13.2 NAME
12.3 CITY - ST - ZIP <b>BOCA RATON FL</b>	13.3 STREET ADDRESS
12.4 NAME	13.4 CITY - ST - ZIP
12.5 STREET ADDRESS	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY - ST - ZIP	13.6 NAME
12.7 NAME	13.7 STREET ADDRESS
12.8 STREET ADDRESS	13.8 CITY - ST - ZIP
12.9 CITY - ST - ZIP	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	13.10 NAME
12.11 STREET ADDRESS	13.11 STREET ADDRESS
12.12 CITY - ST - ZIP	13.12 CITY - ST - ZIP
12.13 NAME	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS	13.14 NAME
12.15 CITY - ST - ZIP	13.15 STREET ADDRESS
12.16 NAME	13.16 CITY - ST - ZIP
12.17 STREET ADDRESS	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 CITY - ST - ZIP	13.18 NAME
12.19 NAME	13.19 STREET ADDRESS
12.20 STREET ADDRESS	13.20 CITY - ST - ZIP

14. I, hereby, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath, that I am an officer or director of the corporation or the receiver or trustee of the corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Block 11 of the records of the Department of Revenue.

SIGNATURE: **X Marlene Shub**  
SIGNATURE AND PRINTED OR NUMBERED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3-1-95 566-1370**  
Taxpayers