

**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)**

LIMITED SHOES OF FLORIDA, INC.

Principal Place of Business: **6759 NEWPORT LAKE CIRCLE BOCA RATON FL**  
 Mailing Address: **6759 NEWPORT LAKE CIRCLE BOCA RATON FL**

DO NOT WRITE IN THIS SPACE

3. Date first reported or due date <b>06/20/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0506584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Registration	2a. Mailing Address
21 State	26 State
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHUB, MARLENE 6759 NEWPORT LAKE CIRCLE BOCA RATON FL</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 City	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1603, 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME	<b>D SHUB, MARLENE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 STREET ADDRESS	<b>6759 NEWPORT LAKE CIRCLE</b>	12 NAME	
103 CITY - ST - ZIP	<b>BOCA RATON FL</b>	13 STREET ADDRESS	
104 TITLE		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105 NAME		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 STREET ADDRESS		22 NAME	
107 CITY - ST - ZIP		23 STREET ADDRESS	
108 TITLE		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
109 NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110 STREET ADDRESS		32 NAME	
111 CITY - ST - ZIP		33 STREET ADDRESS	
112 TITLE		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 STREET ADDRESS		42 NAME	
115 CITY - ST - ZIP		43 STREET ADDRESS	
116 TITLE		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117 NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118 STREET ADDRESS		52 NAME	
119 CITY - ST - ZIP		53 STREET ADDRESS	
120 TITLE		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
121 NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 STREET ADDRESS		62 NAME	
123 CITY - ST - ZIP		63 STREET ADDRESS	
124 TITLE		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 correct 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 or Book 13 of the records or both in accordance with the law.

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

**X** *3-1-95 566-1370*  
TAXPAYER'S IDENTIFICATION NUMBER