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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 280627 (1)

1. Corporation Name

KEMP'S SHOE SALON, INC.



Principal Place of Business

1004 E. ATLANTIC AVE.
DELRAY BEACH FL 33483
US

Mailing Address

1004 E. ATLANTIC AVE.
DELRAY BEACH FL 33483
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ECKHART, MARTHA K.
291 VIA ROSADA
BOCA RATON FL 33432

81

Name

ECKHART, MARTHA K.

82

Street Address (P.O. Box Number is Not Acceptable)

1004 E. ATLANTIC AV

83

City

DELRAY BEACH

84

State

FL

85

Zip Code

33483

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

Signature typed or printed name of registered agent or director (print name)

(NOTE: Registered Agent Signature Required with all other filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ECKHART, MARTHA

STREET ADDRESS

879 SW 17TH STREET

CITY - ST - ZIP

BOCA RATON FL

TITLE

VSD

NAME

WOOFER, M. SUSAN

STREET ADDRESS

309 BELMONT DR.

CITY - ST - ZIP

PALATKA FL

TITLE

D

NAME

ECKHART, JOHN W., III

STREET ADDRESS

879 SW 17TH STREET

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 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 an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

407-278-0377

CR2E034 (12/95)