

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **430321** (0)

1. Corporation Name
KEMP'S BOUTIQUE & SHOE SALON, INC.

Principal Place of Business

Mailing Address

**3402 OCEAN DR
VERO BCH FL 32963**

**3402 OCEAN DR
VERO BCH FL 32963-1682**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1973		3a. Date of Last Report 04/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1494504		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
METZ, DENISE S. 5960 37TH ST. VERO BEACH FL 32966				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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	OFFUTT, MARGARET			1.2 NAME			
STREET ADDRESS	46 45TH AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	METZ, DENISE S.			2.2 NAME			
STREET ADDRESS	5960 37TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			2.4 CITY-ST-ZIP			
TITLE	VSD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	JARRELL, DIANE			3.2 NAME			
STREET ADDRESS	165 49TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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 an attachment with an address

SIGNATURE:

Denise S. Metz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97
Date

561-231-2771
Daytime Phone

0106049

CR2E034 (9/96)