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May 05 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 # 617374 (4)

1. Corporation Name
SHOE REVUE, INC.

Principal Place of Business

SPOTLIGHT #3
7356 W COMMERCIAL BLVD
LAUDERHILL FL 33319

Mailing Address

SPOTLIGHT #3
7356 W COMMERCIAL BLVD
LAUDERHILL FL 33319-2129



3. Date Incorporated or Qualified
04/13/1979

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 SPOTLIGHT #3

2a. Mailing Address

26 SPOTLIGHT #3

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 7414 W. Commercial Blvd

27 7414 W. Commercial Blvd

City & State

City & State

23 LAUDERHILL FL.

28 LAUDERHILL FL.

Zip

Country

Zip

Country

24 33319

25

29 33319

30

4. FEI Number

59-1916339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, VIRGINIA R.
7356 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

#1 Name

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

#3

#4 City

FL

#5 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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMIDT, VIRGINIA R.
STREET ADDRESS 840 N.W. 110TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME SCHMIDT, FREDERICK R.
STREET ADDRESS 840 N.W. 110TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Virginia R. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/1997
Date

954
748-2200
Daytime Phone #

CR2E034 (9/96)