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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 602074

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BONNE'S SHOES OF FLORIDA, INC.								
cipal Place of Business 34 SE OCEAN BLVD ARBOUR BAY PLAZA TURAT FL 34996	Mailing Address 3734 SE OCEAN BLY HARBOUR BAY PLACE STUDAL FLACES							
UNAT FE 34390	STURAT FL 34996			3.	Date Incorporated or Qualit		ate of Last R 01/18/199	
Principal Place of Business	2a. Mailing Address			4.	FEI Number 59-1917040			Applied For
Suite: Apt. #, etc.				-				Not Applicable Additional
	27			5.	Certificate of Status Desire	d 🗆	•	Required
Dity & State	Oity & State			I	Election Campaign Financia Trust Fund Contribution	ng 🗆		May Be
rip Country	· · · · · · · · · · · · · · · · · · ·	Countr	у		This corporation has liability	y for intangible		
25	29	30			Florida Statutes	Yes No		•
9. Name and Addres	ss of Current Registered Agent			10.	Name and Address of N	ew Registere	d Agent	
	•	8	1 Name					
BONNE, JILL A.		82 Street		Address (P.	O. Box Number is Not Acce	eptable)		
3734 S.E. OCEAN BLVD. STUART FL 34996		8:	3					
2 OTOAI(1 FE 34330								
-		8	4 City			F	85 Zı	Code
	ns 607.0502 and 607.1508, Ftorida Stati State of Florida Such change was authorions of, Section 607.0506, Florida Statuli	es.	poration s i	Doard of di	rectors. I hereby accept the	appointment	as registered	3
NATURE Signative Hypistor people in name of Of	d registered agent as o tot of applicable p	NOTE Registered Ag	ent signature re	equired when re		DATE	ND DIRECTO	RS IN 12
NATURE Signature, typiski or prenticit racino di PD	d registered agent as o tote d'aimicatió. p FFICERS AND DIRECTORS MELETE	NOTE Registered Ag	ent signature re	T Book	rslang ADDITIONS/CHANGES TO IE. JILL A	DATE OFFICERS A		RS IN 12
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APTURE Signature, by and or previous manual of PD BONNE, THOMAS 2149 SE ERWIN R PT ST LUCIE, FL (fregistered agent and toted applicable. □ FFICERS AND DIRECTORS C C D 00000	NOTE Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature re	T Bonn 1932	ADDITIONS/CHANGES TO IE, JILL A S.E. LAVINA	DATE OFFICERS A	ND DIRECTO	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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