FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortharn Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # 67739	95 (6)			
	OUS SHOES, INC.	• •		 	
Principal Place of Business Mailing Address					
C/O W.N. WALLACE 1331 PALMETTO AVE. WINTER PARK FL 32789		C/O W.N. WALLACE 1331 PALMETTO AVE. WINTER PARK FL 32789			
				3. Date Incorporated or Qualified 07/02/1980	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip (29)	Country 30	8. This corporation has liability for florida Statutes Yes	intang ble tax under s. 199.032,
	9. Name and Address of Curren		15.71	10. Name and Address of New F	. /-(```
		-	81 Name		
	ACE, W.N.		82 Street Add	cress (P.O. Box Number is Not Acceptab	ole)
1331 PALMETTO AVE WINTER PARK FL 32789					
AAMAIC	IN PANK FL 32/09		83		
			84 City		FL 85 Zip Code
familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Sections of Sections of Sections of Sections of Sections and Sections of Sec	or 607 0505, Florida Statutes	d by the corporation's box	oration submits this statement for the pur and of directors. Thereby accept the appoint	rpose of changing its registered office of intrinont as registered agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DP WALLACE WALL	DELETE	1 1 THE		Change Addition
NAME	WALLACE, W.N.		1.2 NAME		
STREET ADDRESS	1030 LAKE ADAIR BLVD. ORLANDO FL		13 STREFF ADDRESS		
CHTY - ST - ZIP TITLE	TAS	☐ DELETE	1.4 C/TY - ST - Z/P		
NAME	CRUMP, MARY M	[beech	2 1 TrTLE 2 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	109 W. YALE STREET		2.3 STREET ADORESS		
CITY-ST-Z:P	ORLANDO FL		2.4 City - S1 - ZiP		
TiTLE		DELETE	3 1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - 7iP		
TITLE		□ DELETE	4 1 TITLE		Change Addition
NAME STECET ADDRESS			4.2 NAME		
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADORESS		
TITLE		DELETE	4.4 City - St. ZiP 5.1 TifLE		Change C Add 5:
NAME		beech	5 2 NAM'E		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		1
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 710					

14. I do hereby certify that the information supplied with this fling 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 logal effect as if made under path; that I am an officer or director of the corporation or the receiver or trusted 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: May M. Curp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-629-4055