## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Aug 06 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(1)

	SHOE AU	res associat	ION, INC	•								
Principal Plac	e of Business	<del></del>	Mail	ing Address				1				
40570 HORSESHOE RD 40570 HORSESHOE RD PUNTA GORDA FL 33955 PUNTA GORDA FL 33955												
US		US	US				3	DO NOT WRITE  Date Incorporated or Qualified		SPACE ate of Last	Report	
								•	10/05/1976	,	05/01/19	•
2. Principal Place of Business			2a, Mailing Address				4.	, FEI Number			Applied For	
21			26				<u> </u>	NOT APPLICABLE			lot Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional	
City & State				City & State				+-	E C A C E C			Required
23			<del></del>	28			5.	Election Campaign Financing Trust Fund Contribution	П		D May Be I to Fees	
Zip		Country		Zip	Co	untry	ı	B.	. This corporation owes or has pal	ld the cu		
24	2		29		30				Personal Property Tax due June	30.	Yes	□ No
	g, Name a	nd Address of Cur	rent Registe	red Agent		L.		10.	Name and Address of New Reg	glatered	Agent	
						81	Name					
	racey D.					82	Street Addre	ess (l	P.O. Box Number is Not Acceptab	le)		
	ORSESHOE					83		-				
PUNTA 6	BORDA FL 3	3955				63						
						84	City			FL	85 Zir	Code
11. Pursuant	to the provisio	ns of Sections 617.0	0502 and 617	'.1508, Florida Statu	ites, the a	bove	e-named corpo	oratio	on submits this statement for the p			its registered
office or r	registered age im familiar with	nt, or both, in the St Land accept the ob	ate of Florida	. Such change was Section 617.0503. F	authorize	ed by	the corporation	a'nc	on submits this statement for the p board of directors. I hereby accep	it the app	ointment a	s registered
SIGNATURE		, 4 4000 р 60			101100		^					
CIGHATORE ,	Signature, typed or	printed name of registered			TE: Register	ed Age	nt signature require	d whe	n reinsteting)	DATE		·
12.	88	OFFICERS .	AND DIRECT	ORS DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	ADDIPO IO		☐ DECEIE	1.1	TITLE	1				☐ Change	Addition
NAME					4.5						_ •	
	WILLIAM E					NAME	ADDDECC				_ •	
STREET ADDRESS	41420 HO	SRESHOE RD			1.3	STREET.	ADDRESS				_ •	
	41420 HO PUNTA GO	SRESHOE RD		☐ DELET <b>e</b>	1.3 (	STREET.	i				Change	Addition
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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 receive for trustal empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an antatronyment with an address.