FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00													FI	LEI	)		
CO	PROFIT ORPORATION NUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					Jan 29 1998 8:00am Secretary of State							
1. Corporate	MENT on Name E SHOE,		83160	1	(O)												
Principal Place 555 TURNPII CANTON MA		S		5	ailing Address 555 TURNPIKE ST. CANTON MA 02021									E IN THIS			
2. Principal f	Place of Busin	ess		2a.	Mailing Address					1:	e Incorp 2/28/19 Number	973	r Qualified		· 1	lAn	plied For
Suite, Apt.	. #, etc.			26 27	Suite, Apt. #, etc.		· ar				04-163 tificate o	<b>8796</b> of Status	Desired			Not	t Applicable
City & Sta	te		untry	28	City & State		Countr	3		Tru	st Fund	Contribut			\$! A	5.00 (	May Be o Fees
24		25	dress of Curre	29 nt Regist		30	Country			Per	sonal Pr	operty Ta	x due Jur	paid the cu ne 30. Registered	Yes	X	ngible No
12	T CORPOR. 200 SOUTH ANTATION	PINE	ISLAND ROAD				81 82 83	Stre	ne eet Addres	ss (P.O. I	Box Nun	nber is N	ot Accepta	able)			
							84	City						FL		Zip C	
11. Pursuant office or agent. I s	to the provisi registered ag am familiar wil	ons of ent, or h, and	Sections 607.050 both, in the State accept the oblig	02 and 60 of Florid ations of,	07.1508, Florida St da. Such change w , Section 607.0505	atutes, tl as autho i, Florida	he above prized by Statutes	the	ied corpo corporatio	ration su n's board	bmits thi d of dired	s statem ctors. I he	ent for the ereby acc	purpose o ept the app	of chan pointme	ging its ant as r	registered egistered
SIGNATURE	Signature, typed	or printed	name of registered ag	ent and title i	if applicable.	(NOTE: Reg	istered Age	nt sign	ature required	when reinst	aling)			DATE			
12.			OFFICERS AN	D DIREC			13.		ഹ		-	CHANGE	S TO OFF	ICERS AN			3 IN 12
TITLE NAME STREET ADDRESS	PS WEINST 555 TUF	RNPIKE			DELETE		1.1 TITLE 1,2 NAME 1,3 STREET	ADDRE	Ala	siaer n.T. Tun		jski'r est	)		XI CI	iange	Addition
CITY-ST-ZIP TITLE NAME	CANTON VS WEINST		LAN I		DELETE		1.4 CITY - S 2.1 TITLE 2.2 NAME	T-ZIP	Car Sec Mai	nton reta KT.	<u>in</u>	<u> </u>	_		Ci	hange	Addition
STREET ADDRESS CITY-ST-ZIP	555 TUF CANTON	NPIKE				- 1	2.3 STREET 2.4 CITY - S		ss 553	Hon	mpil	Ce S	r. DZ0	<u> 21 ·                                     </u>			

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STREET ADDRESS

CITY-ST-ZIP

ROSENBERG, PHILIP G

555 TURNPIKE ST.

CANTON MA

TITLE

NAME

BAKER, SHERMAN N 4. 2 NAME 780 BOULSTON ST. STREET ADDRESS 4.3 STREET ADDRESS **BOSTON MA** CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE \_\_\_ Change \_\_\_ Addition TITLE 5.1 TITLE CLIFFORD, J. C NAME 5 2 NAME 104 LINCOLN RD. STREET ADDRESS 5.3 STREET ADDRESS WAYLAND MA CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition CRUCE, ERVIN D NAME 6.2 NAME 6233 INDIAN CREEK 6.3 STREET ADDRESS STREET ADDRESS FT. WORTH TX

3 3 STREET ADDRESS

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

Addition

Addition

Change

☐ Change

☐ DELETE

☐ DELETE

CiTY-ST-ZiP 6.4 CITY - ST - ZIP 14. I hereby certify that he information supplied with this filling 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 supplier and arrival report is rue 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 of trustee expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Ashanged, or or an attackness where the response of the corporation of the receiver of the receiver

FEOLMORKIT Boundaries 119 98 181-878-920 CICNATIDE