

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F28677

(5)

1. Corporation Name

SHOE REPAIR PLUS, INC.



Principal Place of Business

21311 SWEETWATER LANE NORTH
BOCA RATON FL 33428

Mailing Address

21311 SWEETWATER LANE NORTH
BOCA RATON FL 33428

3. Date Incorporated or Qualified
04/07/1981

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 301 YAMATO RD.

Suite, Apt. #, etc.

22 A-4

City & State

23 BOCA RATON

Zip

24 33434

Country

25 FLORIDA

2a. Mailing Address

26 21311 SWEETWATER LN.

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON

Zip

29 33428

Country

30 FLORIDA

4. FET Number

59-2078295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

RAYA, GREGORY
21311 SWEETWATER LANE NORTH
BOCA RATON FL 33428

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

GREGORY RAYA

2/6/96

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	RAYA, GREGORY	
3. STREET ADDRESS	21311 SWEETWATER LANE NO	
4. CITY-STATE-ZIP	BOCA RATON, FL. 0	
5. TITLE	D	☐ DELETE
6. NAME	RAYA, LEYDA	
7. STREET ADDRESS	21311 SWEETWATER LANE NORTH	
8. CITY-STATE-ZIP	BOCA RATON FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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:

GREGORY RAYA

2/6/96 (467) 483 7870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Please Print

CR2E034 (12/95)