FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F39784 (6)

1. Corporation Name
NOBILE SHOES, INC.

Principal Place of Business	Mailing Address
420 U. S. HIGHWAY #1 NORTH PALM BEACH FL 33408	420 U. S. HIGHWAY #1 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1981
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 4200 N. OCEAN DRIVE	26 4200 N. OCEAN DRIVE
22 Suite, Apt. #, etc. Tower A #1604	27 Suite, Apt. #, etc. Tower A #1604
23 City & State SINGER ISLAND FL	28 City & State SINGER ISLAND FL
24 Zip 33404 25 Country U.S.	29 Zip 33404 30 Country U.S.

4. FEI Number: 59-2108281 ☐ 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

NOBILE, DOMINGOS
420 U.S. HIGHWAY #1
NORTH PALM BEACH FL 33409

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) 4200 N. OCEAN DRIVE
93 TOWER I #1604
94 City SINGER ISLAND FL 95 Zip Code 33404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 X [signature] President 2/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDTS	11 TITLE	☐ Change ☐ Addition
NAME	NOBILE, DOMINGOS	12 NAME	
STREET ADDRESS	4200 N.OCEAN DR. TOWER A #1604	13 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	NOBILE, DANIEL	22 NAME	
STREET ADDRESS	12805 PACKWOOD RD.	23 STREET ADDRESS	
CITY-ST-ZIP	JUNO ISLES FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 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 added in connection with an address.

SIGNATURE: X [signature] President 2/17/95 (407-863-3593)
SIGNATURE OF AN OFFICER OR DIRECTOR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Q49000 CP