

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G13931** (2)

1. Corporation Name

**NICOLE DESIGNER SHOES, INC.**



Principal Place of Business

**100 NORTH INDIAN ROCKS ROAD  
BELLAIR BLUFFS FL 34640**

Mailing Address

**100 NORTH INDIAN ROCKS ROAD  
BELLAIR BLUFFS FL 34640**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**GOSCH, NICOLE  
100 INDIAN ROCKS RD NO  
BELLEAIR BLUFFS FL 34640**

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 609.002 and 609.157 of Florida Statutes, I, the undersigned, hereby certify that the information furnished by the corporation in 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, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Sections 609.002, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOSCH, NICOLE</b>	
STREET ADDRESS	<b>100 N. INDIAN ROCKS RD</b>	
CITY-STATE-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOSCH, NICOLE</b>	
STREET ADDRESS	<b>100 N. INDIAN ROCKS RD</b>	
CITY-STATE-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1996

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report, which may have been prepared by a third party, does not qualify for the exemption set forth in Section 119.02(4)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, but not a consolidated annual report, shall have the same legal effect as if made under oath, that I am an officer or director of the corporation and that my name is the true and correct name of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of this report, or on an attachment with an affidavit.

SIGNATURE: *Nicole Gosch* **NICOLE GOSCH**

*3/25/96* **213-525-0083**

CR2E034 (12/95)