FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H60231 (8)

1. Corporation Name

LEVINE'S SHOE B DOO B DOO, INC.

Principal Place of Business	Mailing Address
% KENNETH G. LEVINE 10507-95TH ST. NORTH SEMINOLE FL 34647-1008	C/O KENNETH G. LEVINE 10507 95TH ST LARGO FL 34647-1008 US

3. Date Incorporated or Qualified: 05/30/1985	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2540008	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21: 4930 Augusta Ave	26: 4930 Augusta Ave
Suite, Apt #, etc. 22: 0	Suite, Apt #, etc. 27:
City & State 23: Oldsmar FL	City & State 28: Oldsmar FL
Zip 24: 34677 Country 25: Pinellas	Zip 29: 34677 Country 30: Pinellas.

9. Name and Address of Current Registered Agent

LEVINE, KENNETH G.
10507-95TH ST. NORTH
SEMINOLE FL 33543

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable) 4930 Augusta Ave
83	
84	City Oldsmar FL 85 Zip Code 34677

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 ______ 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	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LEVINE, KENNETH G.	1.2 NAME	
STREET ADDRESS	10507-95TH ST. NORTH	1.3 STREET ADDRESS	4930 Augusta Ave
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LEVINE, REGINA B.	2.2 NAME	
STREET ADDRESS	10507 95TH ST. N.	2.3 STREET ADDRESS	4930 Augusta Ave
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	100001859151
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-06/12/96--01017--034
TITLE	☐ DELETE	5.1 TITLE	***225.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	6-11-96
CITY-ST-ZIP		6.4 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)(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: [signature] Regina B Levine 5/20/96 8137962100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)