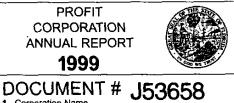
PROFIT CORPORATION ANNUAL REPORT 1999

THE SHOE CONNECTION #II, INC.

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

May 08, 1999 8:00 am Secretary of State

05-08-1999 90061 044 ***150.00



Principal Place of Business Mailing Address						
1891 SR 434		1891 SR 434				
LONGWOOD FL	32750		LONGWOOD FL 32750			DO NOT WRITE IN THIS SPACE
US		υş	US			3. Date Incorporated or Qualifed
						01/22/1987
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3001550 n Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30	0		Personal Property Tax.
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
· ·				81	Name	-
DRAFT, WAYNE R. 1891 SR 434				82 Street Address (P.O. Box Number is Not Acceptable)		
	GWOOD FL 32750		8			
				84	City	FL 85 Zip Code
		00 - 1007 4500 Florido Bark	too the o	<u> </u>		- - 1
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: Register				Ageni	signature re	a required when reinstating) DATE DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	P	☐ D£LETE	1.1 Tf			
NAMÉ	DRAFT, WAYNE R			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	5
CITY-ST-ZIP	LONGWOOD FL			TY-ST	- ZIP	☐ Change ☐ Addition
TIπLE	S	☐ DELETE	2.1 TT	rle.		
NAME	DRAFT, KAREN			ME		
STREET ADDRESS			2.3 ST	REET	ADDRESS	s
CITY-ST-ZIP	LONGWOOD FL		2. 4 C	ITY-S	r-21P	
πιε		☐ DELETE	3.1 ∏	ΠE	}	Change Addition
NAME			3.2 N/	ME	- 1	
STREET ADDRESS			3.3 ST	REET	ADDRESS	s
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE 4:		4,1 17	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 STREET ADDRES		ADDRESS	s
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP		<u> </u>
TITLE	D DELETE		51 TI	51 TITLE		☐ Change ☐ Addition
NAME			5.2 N	ME	\	
STREET ADDRESS			5.3 ST	REET	ADDRESS	s
CITY-ST-ZIP			5.4 C	TY-ST	-ZiP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	ME	į	
STREET ADDRESS	A		6.3 \$	REET	ADDRESS	s
CITY_ST_ZIP	//		6.4 C	TY-ST	-ZIP	

14. I hereby certify that the information supplied with this filing 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 of fusite 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 any address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR