## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69960

(9)

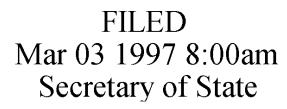
CONTINO'S SHOE REPAIR, INC.

•

Principal Place of Business

8355 W. SUNRISE BLVD PLANTATION FL 33322-2405 Mailing Address

8355 W. SUNRISE BLVD PLANTATION FL 33322-5405





									04/24/1987 04/23			of Last Report 3/1996			
2. Principa' P	lace of Busine	58	2a. Mailing A	2a. Mailing Address					4. FEI Number	- <del></del>		Appli	ed For	]	
21		26	26					59-2793611			Not A	pplicable			
Suite, Apt.	#, etc	Suite, Ap	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required					
City & State	D	7/11/1	<u> </u>	City & State					6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
Zip	Country Zip Cou					ntry	******		8. This corporation has liability for in	ntangible t	ax unde	er s. 19	9.032.	1	
24	25 29 30						Florida Statutes 🔲 Yes 🐉 No								
			rrent Registered Age	nt					10. Name and Address of New Rep	gistered A	gent			]	
	YTINO, JUNE					81	Name								
8355 W. SUNRISE BLVD							Street A	Street Address (P.O. Box Number is Not Acceptable)							
PLA	ntation fl				82								]		
						83									
						B4	City			FL	85 2	Zip Co	de		
11. Pursuant	to the provisio	ns of Sections 607	.0502 and 607.1508, F	lorida Statut	es, the ab	ove Lbu	-named c	orpor	ration submits this statement for the pin's board of directors. I hereby accep	urpose of	changir	g its r	egistered	1	
agent. La	m familiar with	i, and accept the c	bligations of, Section (	607.0505, Fl	orida Stati	ites	ine corpe	лцио	it a board of directors. I horsely accep	т то арро	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 43 10	giolorou		
SIGNATURE														l	
	Significant Typicolo		a agent and title if applicable.	(NOT		Age	nt signature re	equired	when reinstating)	DATE	DIDEOT	000	11.10	١,	
12.	D	OFFICERS	AND DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO OFFIC		Chan		Addition	}	
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CITY - ST - ZIP					64 CI									1	
	by cerl ly that	the information sur	polied with this filing do	pes not quali				ated i	n Section 119,07(3)(i), Florida Statutes	s. I further	certify t	hat the	···	1	

I. I do hereby ce'll fy 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

June Contino

F SIGNING OFFICER OF DIRECTOR

2/26/97 954 972 122V