

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J82563** (4)

1. Corporation Name
HANSON SHOES W.P. INC.

Principal Place of Business 500 N. ORLANDO AVENUE SUITE 1400 WINTER PARK FL 32789 US	Mailing Address 500 N. ORLANDO AVENUE SUITE 1400 WINTER PARK FL 32789 US
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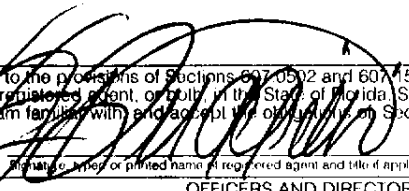


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 N. ORLANDO AVE. Suite, Apt. #, etc. 22 SUITE 137 City & State 23 WINTER PARK, FLORIDA Zip 24 32789		2a. Mailing Address 26 501 N. ORLANDO AVE. Suite, Apt. #, etc. 27 SUITE 137 City & State 28 WINTER PARK, FL Zip 29 32789		3. Date Incorporated or Qualified 07/10/1987	
25 USA		30 US		4. FEI Number 59-2858973	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUGGIERI, FRANK A ESQ. 110 N. FLORIDA AVENUE DELAND FL 32720		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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  DATE **1/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUGGIERI, CLARA		1.2 NAME	
STREET ADDRESS 813 LINDENWALD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUGGIERI, FRANK		2.2 NAME	
STREET ADDRESS 813 LINDENWALD LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CRUZ, JOSE F		3.2 NAME	
STREET ADDRESS 2974 FIFER DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL 32738		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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, upon an attachment with an address.

SIGNATURE  **FRANK RUGGIERI** 01-20-98-407-6294111

CR2E034 (10/97)