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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

J88657

(8)

SMURCHO SHOES, INC.

Principal Place of Business	
241 DESOTO SO. MALL BRADENTON FL 34205	

Mailing Address

241 DESOTO SO. MALL BRADENTON FL 34205



3. Date tracorporated or Qualified Object (1987)  2. Principal Piace of Business  2. Mailing Address  2. Mailing Address  2. Mailing Address  3. Date tracorporated or Qualified Object (1717) 1995  2. Principal Piace of Business  2. Mailing Address  3. FEI Number  4. FEI Number  5. Certificate of Status Desired
2. Principal Piace of Business
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Suite, Apt. #, etc.    Suite, Apt. #, etc.
Secretarial Control
Trust Fund Contribution Added to Fi Zip Country Zip Country Added to Fi Zip Country Zip Country B. This corporation has stability for intengible tax under is 199.0  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  DURCHO, MARK C. 513 ORANGE BLOSSOM LANE: OKOMIS FL 34275  82 Street Address (P.O. Elox Number is Not Acceptable)  83 Street Address (P.O. Elox Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abover-named corporation submits this statement for the purpose of changing its register 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 with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE:  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature regund when renstating DATE  Signature, typed or printed name of registered agent and till if applicable.  NOTE Registered Agent signature, treating the printed name of registered agent and till if applicable.  NOTE Registered Agent Signature, treating the printed name of registered agent and till if applicable.  NOTE Registered Agent Signature, treating the printed name
Zip   Country   Zip   Country   Zip   Country   B. This corporation has kability for intengible tax under is 199.07
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9. Name and Address of Current Registered Agent  DURCHO, MARK C. 513 ORANGE BLOSSOM LANE: OKOMIS FL 34275  82 Street Address (P.O. Elox Number is Not Acceptable)  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 registe 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:  Signature, typed or printed name of registered agent and tiller association.  NOTE Registered Agent agents when remained w
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STREET ADDRESS   610 APALACHICOLA RD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   VENICE FL   1.4 CITY-ST-ZIP
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NAME 52 NAME
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CITY-S1-ZIP
NAME 62 NAME
FOCULAR ADDRESS
STREET ADDRESS CITY-S1-ZIP 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

14. I do herety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes: 1 furner 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

RINTED NAME OF BRINING OFFICER OF DISTRICTOR

4-15-96 4

488-4951 Daytone Phone 1 R2E034 (12/9)