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PROFIT CORPORATION ANNUAL REPORT



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

1996

K63242

(7)

DOCUMENT # 1. Corporation Name

HARRIS COMFORT SHOES, INC.

Principal Place of Business Mailing Address								
C/O RICHARD E. HARRIS 509 BAY ROAD NORTH PALM BEACH FL 33408		C/O RICHARD E. HARRIS 509 BAY ROAD NORTH PALM BEACH FL 33408						
					 Date Incorporated or Qualified 02/03/1989 		of Last 6 /31/18	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	k · · · · ·		Applied For
21		26			65-0100221			Not Applicable
Suite, Apt. 4		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional Required
City & State	,	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zιρ	Country		8. This corporation has liability for	r intangible ta		
24	25	29	30		- 1	s 🗌 No		
	9. Name and Address of Curr	ent Registered Agent		·	10. Name and Address of New	Registered #	gent	
			81	Name				
	RICHARD E.		82	Street Add	fress (P.O. Box Number is Not Accepta	able)	***	
509 BAY			L			, 		
NORTH	PALM BEACH FL 33408		83					
			84	City			85 Z	ip Code
11 Durquant to	a the provisions of Costions 607.05	00 and 607 1500. Flacials Cost		1	pration submits this statement for the p	<u>FL</u>	حالل	
SIGNATURE	n, and accept the obligations of, Se	ection 607.0505, Florida Statute	zed by the corp is	oration's boa	are of directors. I hereby accept the ap	pointment as i	registerei	d agent. I am
· · · · · · · · · · · · · · · · · · ·	Signature: typed or pointed name of registers Lag		P) E. Rogistered Ager	nt signatore region		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	D Harris, Richard E.	DELETE	1. 1 TITLE] Change	Addition
NAME CIRCLI ADOUGOG	509 BAY ROAD		1.2 NAME					
STREET ADDRESS	NO. PALM BEACH FL		13 STREET					
CITY - ST - ZIP TITLE	D DENOTITE		14 CITY - S	SI - ZIP				T Addition
NAME	HARRIS, BRENDA B.	I I DELETE				····	1 Change	
STREET ADDRESS		☐ DEFELE	2 1 TITLE] Change	☐ Addition
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-	509 BAY ROAD NO. PALM BEACH FI	[_] DELETE	2 2 NAME 2 3 STREET	}] Change	∐ ¥ooiiion
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• For nevery certify that the information supplied with this tling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished certify that the information indicated on this annual report or suppliemental 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 ustee empowered to execute this report as required by Chapter 60?, Florida Statutis; and that my name appears in Block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLEWS HAR HAR BLIS LAND (Co.

18/96 407/392-120