## 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 # K82925

(4)

INSTANT SHOE DOCTORS, INC.

## FILED Jan 31 1997 8:00am Secretary of State

|--|--|

Principal Place of Business         Mailing Address           7200 US HWY 19         7200 US HWY 19           SUITE 896         SUITE 896           PINELLAS PARK FL 34665-4622         PINELLAS PARK FL 33781-4622           US         US		T HADMANN BAY 1911A (1818 1811A 11964 BITH BABA BYAN ANDH ANDH ANDH BABH BABH						
		SUITE 896						
		3. Date Incorporated or Qualified						
·	ace of Business	2a. Mailing Addr	ress			4. FEI Number		Applied For
21 26							Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, et 27			, 610.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.	00 May Be
23 28					Trust Fund Contribution		led to Fees	
Zip	Country	Zip	<b>├</b>	ountry		8. This corporation has liability for	ntangible tax und	er s. 199.032,
24	25   9. Name and Address of Cur	29 Pagistared Agent	30	_		Florida Statutes  10. Name and Address of New Re	Yes No	·
FOR		Tell riogistered Agent		81	Name	10. Harre Str. Address of Non-No	Rietalba Wallt	
	DHAM, GARY : 15th Ave. N.W.						<u> </u>	
	30 FL 34640			82	Street Add	ress (P.O. Box Number is Not Acceptat	le)	
CAIC	30 1 5 0 10 10			83	A181844			
				84	City		85	Zip Code
				1	,		FL	•
	egislered agent, or both, in the St n familiar with, and accept the ob	late of Florida. Such char oligations of, Section 607	nge was authoria .0505, Florida S	ed by	the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	of the appointmen	l as registered
SIGNATURE	Signature, typing or printed name of registored	I agent and little if applicable	(NOTE: Registe	red Age	nt signature requ	Ired when reinstating)	DATE	
12.	OFFICERS.	AND DIRECTORS	18			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	P	II 🔲 🗆	ELETE 1.1	TITLE			☐ Cha	nge 🔲 Addition
NAME	FORDHAM, GARY		1.2	NAME			•	
STREET ADDRESS	7200 US 19 NORTH #896				ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL			CITY-S	T-ZIP		Cha	nge Addition
TITLE NAME	m Fordham, gary	ال الــا	<b>1</b> - 1	NAME			Onla	iĝo 🗀 vadition
STREET ADDRESS	7200 US 19 N 896		B		ADDRESS			
CHTY-ST-ZIP	PINELLAS PARK, FL			4 CITY -	1			
TITLE		D		TITLE			Cha	nge Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-S1-2IP				. CITY-	ST-ZIP			2.100
TITLE				TITLE			∐ Cha	nge L. Addition
NAME				2 NAME	1000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		l In		CITY - S	01 - ZIP		☐ Cha	nge Addition
NAME		۰		NAME			tund One	- Residence
STREET ADDRESS					ADORESS			
CITY-ST-ZIP				CITY-	· .			
TITLE		□ D		TITLE			☐ Cha	nge 🔲 Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREE	ADDRESS			:

. I do hereby certify that the information supplied with this filing does not quality 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/27/97

5374130) Daytime Phone #