

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M47198** (0)

1. Corporation Name  
**SURPRISE SHOES, INC.**



Principal Place of Business <b>C/O BERNARD S. PHILLIPS 391 N.E. 2ND AVE. HALLANDALE FL 33009</b>	Mailing Address <b>C/O BERNARD S. PHILLIPS 391 N.E. 2ND AVE. HALLANDALE FL 33009-4208</b>
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2. Principal Place of Business <b>PKWY 4887 COCONUT CREEK</b>		2a. Mailing Address <b>PKWY 4887 COCONUT CREEK</b>		3. Date Incorporated or Qualified <b>02/25/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc. <b>22</b>		26. Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2772937</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <b>COCONUT CREEK, FL.</b>		28. City & State <b>COCONUT CREEK, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Zip <b>33063</b>		29. Zip <b>33063</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PHILLIPS, BERNARD S. 391 N.E. 2ND AVE. HALLANDALE FL 33009</b>		10. Name and Address of New Registered Agent	
81. Name <b>PHILLIPS BERNARD S.</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>4887 COCONUT CREEK PKWY</b>	
83. City <b>COCONUT CREEK</b>		85. Zip Code <b>FL 33063</b>	

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, BERNARD S.</b>	1.2 NAME	
STREET ADDRESS	<b>3802 N 47TH AVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, GITA</b>	2.2 NAME	
STREET ADDRESS	<b>3802 N 47TH AVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		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		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		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 do 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, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILLIPS**

**4/24/97 (954)969-2564**

Date

Daytime Phone

0112614

CR2E034 (9/96)