FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06592** **(0)**

1. Corporation Name
THE ATHLETE'S FOOT STORES, INC.

Principal Place of Business	Mailing Address
1950 VAUGHN RD. KENNESAW GA 30144	1950 VAUGHN RD. KENNESAW GA 30144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **25-1401323** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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
Signature, Typed or Printed name of Registered Agent and Title if applicable — NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCFO	11 TITLE	VC FO	☑ Change ☐ Addition
NAME	WABLER, ROBERT	12 NAME	Austin Staheli	
STREET ADDRESS	STAHELI, AUSTIN	13 STREET ADDRESS	1950 Vaughn Road	
CITY ST ZIP	KENNESAW GA	14 CITY ST ZIP	Kennesaw, GA 30144	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	KEHM, ROGER	22 NAME		
STREET ADDRESS	1950 VAUGHN RD.	23 STREET ADDRESS		
CITY ST ZIP	KENNESAW GA	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CRESTAY, ANDRE	32 NAME		
STREET ADDRESS	ZAL DE KERGARADEC, AVE DU BARON LACROSE	33 STREET ADDRESS		
CITY ST ZIP	GOUESNOU FR	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MARKS, STUART	42 NAME		
STREET ADDRESS	425 PARK AVENUE	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK, NY.	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SERRALTA, PIERRE	52 NAME		
STREET ADDRESS	1950 VAUGHN RD	53 STREET ADDRESS		
CITY ST ZIP	KENNESAW GA	54 CITY ST ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	SERRALTA, PIERE	62 NAME		
STREET ADDRESS	1950 VAUGHN RD	63 STREET ADDRESS		
CITY ST ZIP	KENNESAW GA	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Austin Staheli

000080 FP