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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31365

(0)

THE SHOE SHOW OF ROCKY MOUNT, INC.

Mailing Address

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**FILED** 

May 09 1997 8:00am

Secretary of State

776 FLORENC CONCORD NO	E PLACE. N.W. 3 28027-5922	776 FLORENCE PLACE, N.: CONCORD NC 28027	W.					
			· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 10/10/1990		Date of Last Report 1/24/1996	
2. Principal F	Place of Business	26. P.O. Box 648			4. FEI Number 56-0848427		Applied For Not Applicab	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	J	. 0	5. Certificate of Status Desired		\$8.75 Additional	
22 City & Stat	8	City & State		<del></del>			Fee Required	
23		28 Concor	ו לל	NC	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	29 28 U2 6	Cpuntry 30	/	This corporation has liability for in Florida Statutes	ntangible tax ] Yes 🔣 N		
·	9. Name and Address of Curre	ent Registered Agent		r-::-	10. Name and Address of New Reg	gistered Age	nt	
	CORPORATION SYSTEM		81	Name				
	0 S. PINE ISLAND ROAD INTATION FL 33324		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	MINHON FE 00024		83				·	
			84	City	148.54.64.64	FL <sup>B</sup>	5 Zip Code	
Office of I	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	winorizea m	/ Inc coronia	poration submits this statement for the patient of the patient of the part of directors. I hereby accept	urpose of cha t the appoint	anging its registere ment as registered	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·						
12.	Signature, typod or printed name of registered as OFFICERS AN	goot and title if applicable (NOTE ND DIRECTORS	Rugistéred Age	onlisignature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIE	DECTODS IN 10	
TITLE	PCD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change Additi	
NAMÉ	TUCKER, ROBERT B.	-	1.2 NAME					
STREET ADDRESS	776 FLORENCE PLACE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CONCORD NC		1.4 City - S	T-ZIP				
TITLE	T	☐ DELETE	2.1 TITLE				Change	
NAME	TUCKER, ROBERT B.		2.2 NAME					
STREET ADDRESS	776 FLORENC PLACE CONCORD NC		2.3 STREET					
TITLE	SD SD	DELETE	2. 4 CITY - 1 3.1 TITLE	SI - ZIP			Change Addition	
NAME	TUCKER, CAROLYN C.	Petting	3.2 NAME			ب	outside [7] Miniti	
STREET ADDRESS	776 FLORENCE PLACE		3.3 \$1REE1	ADORESS				
CITY-ST-ZIP	CONCORD NC		3.4 CITY-					
TITLE	٧	DELETE	4.1 TITLE				Change [] Addilio	
NAME	WILLIAMS, RAY, H		4. 2 NAME					
STREET ADDRESS	776 FLORENCE PLACE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	CONCORD NC		4.4 CITY - S	1-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change [] Additi	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREFT					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	T-ZIP			Change I Addition	
NAME			6.2 NAME			LJ	Change L_I ADOING	
STREET ADDRESS			6.3 STREET	ADDRESS				
CiTY-ST-ZIP			6.4 CHY. S					

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 eath; 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 33 or changed, or on an attrictment with an address.