

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39958 (4)
1. Corporation Name
HOFHEIMER'S SHOE COMPANY, INCORPORATED

Principal Place of Business 41 SEQUIN DRIVE GLASTONBURG CT 06033 US	Mailing Address 41 SEQUIN DRIVE GLASTONBURG CT 06033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1992	3a. Date of Last Report 04/12/1996
21		26		4. FEI Number 54-1619062	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	85 Zip Code FL

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	DCS	1.1 TITLE	JACK WARD, PRESIDENT
NAME	GABOR, JOACHIN	1.2 NAME	+1 Sequin Dr.
STREET ADDRESS	41 SEQUIN DRIVE	1.3 STREET ADDRESS	GLASTONBURY CT 06033
CITY-ST-ZIP	GLASTONBURY CT	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	CONTROLLER
NAME	ANDREAS HAUSSMANN	2.2 NAME	BURNS, RUSSEL
STREET ADDRESS	41 SEQUIN DRIVE	2.3 STREET ADDRESS	+1 Sequin Dr.
CITY-ST-ZIP	GLASTONBURY CT	2.4 CITY-ST-ZIP	GLASTONBURY, CT 06033
TITLE	FLANIGAN, MICHAEL R.	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	41 SEQUIN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: 

CR2E034 (4/97)