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

CORPORATION ANNUAL REPORT 1997



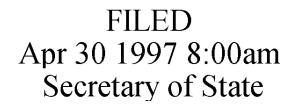
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200002017 (1)

THE SHOE BOX, INC.





Principal Place	e of Business	lailing Address				F INDIVIDUAL VIR TOTAN VIDIA ODIAL DOJAL DRA	II BBIII BBIIR	IEBEI Vo tor iiu			
4584 COMMERCIAL WAY SPRING HILL FL 34806 US			4584 COMMERCIAL WAY SPRING HILL FL 34806-1957 US								
					and the second second		 Date incorporated or Qualified 11/04/1992 		ite of Last)9/1996	Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			4
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-3150124 Not Applicab				:
22			27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
Zip Country			Zip Country				Trust Fund Contribution				
24	25		¬ '				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes System No				
		29 ess of Current Regis					10. Name and Address of New Registered Agent				
BAR	TLETT, BARBARA			8	1 Name			<u>-</u>			7
4584 COMMERCIAL WAY SPRING HILL FL 34606					2 Streo	t Addres	dress (P.O. Box Number is Not Acceptable)				
orn	ing nill fl 34000			6.	3						-
				8				FL		Code	
11. Pursuant : office or re agent. I a	to the provisions of Sec egistered agent, or bot m familiar with, and acc	tions 607.0502 and € h, in the State of Flori cept the obligations o	07.1508, Florida Statut da. Such change was if, Section 607.0505, Fl	tes, the abo authorized b orida Statute	ve-name by the co es.	d corpor rporation	ation submits this statement for the i's board of directors. I hereby acce	purpose of pt the app	changing ointment a	its registered s registered	
SIGNATURE		·									
	Signature, typed or printed name				geril signalu	ne required	when roinstating)	DATE			ي ا
12. TITLE	DP C	FFICERS AND DIRE	DELETE	18.		т	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO Change		_ ફ
NAME	BARTLETT, BARBA	RΔ	Direct	1.2 NAME					Unange	L_J Addition	19
STREET ADDRESS	4487 CRESCENT			T ADDRESS						ફે	
CITY-ST-ZIP	SPRING HILL FL			1.4 CITY							12
TITLE			DELETE	2.1 TITLE		·			Change	Addition	8
NAME				2.2 NAME					•	_	
STREET ADDRESS				2.3 STREE	T ADDRESS						
CITY-ST-ZIP				2. 4 CITY	- \$1 - ZIP						
TITLE			☐ DELFTE	3.1 TITLE					Change	■ Addition	1
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CiTY	- S1 - 7IP						
TITLE			☐ DELETE	4.1 TIBLE					☐ Change	Addition	ŀ
NAME				4. 2 NAM							
STREET ADDRESS					1 ADDRESS						
CITY-ST-ZIP			DELE1E	4.4 CHY-	S1-ZIP				Change	B et dition	4
TITLE NAME			₩ OELE IE	5 1 TITLE					Change	Addition	
STREET ADDRESS				52 NAME	T ADDRESS	1					
CITY-ST-ZIP TITLE			DELETE	54 CITY- 61 TRILE	51 · ZIP		TRIVER		Change	Addition	\dashv
NAME			- peccie	62 NAME					FT Allende		
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				· ·							
54 Ldo borob	w onelify that the inform	ation pupoled with the	in filing door not supli	64 CITY-	31-71Y	1	Castina 110 07/07/1 Flavida Dial da	(1			4

row nereby 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 13 if changed, or on an attachment with an address.