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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

<sup>†</sup> Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000047426 (0)

| 1. Corporation Name I SPY SHOES, INC.  Principal Place of Business  Mailing Address  9508 US HWY 19 N  9508 US HWY 19 N  |   |   |                                     |   |                 |
|--|---|---|-------------------------------------|---|-----------------|
| PORT RICHEY FL 34668 46  |   |   | 1640                                |   |                 |
|  |   |   | •                                   | 3. Date Incorporated or Qualified 3a. Date of Le 06/28/1993 05/01/199 | . '             |
| 2. Principal Place of Business   |   | 2a. Mailing Address                             |                                     | 4. FEI Number   | Applied For     |
| 21   |   | 26  |                                     | 59-3188029  | Not Applicable  |
| Suite, Apt #, etc  |   | Suite, Apt. #, etc.                             |                                     | 5. Certificate of Status Desired Fee Regulred                         |                 |
| City & State   |   | City & State                                    |                                     | 8. Election Campaign Financing \$5.00 May Be                          |                 |
| 28   |   |   |                                     | Trust Fund Contribution Added to Fees                                 |                 |
| Zip  | Country   | Zip   | Country                             | 8. This corporation has liability for intangible tax und              | ier s. 199.032, |
| 24   | g. Name and Address of Curre                    | 29 ant Registered Agent                         | 30                                  | Florida Statutes Yes No.  |                 |
| GOTTLIEB & GOTTLIEB PA   |   |   |                                     |   |                 |
| 2475 ENTERPRISE RD   |   |   | 82 (70) U                           | TEVEN W. DAVIS  | b.:             |
| STE 100  |   |   | 1046                                | f FALLBROOK CT  |                 |
| CLEARWATER FL 34623  |   |   |                                     |   |                 |
| 84   |   |   |                                     | WPOOT RICHEY FL 85  | 34655           |
|  |   |   |                                     |   |                 |
| 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 provisions of Section 607.0508. Florida Statutes agent. I arm familiar with, and accept the obligations of Section 607.0508. Florida Statutes |   |   |                                     |   |                 |
| SIGNATURE  | $\lambda \sim \lambda \propto \lambda$          |   | ) SIEVEN                            | W. DAVID 611014 1   |                 |
| -  | Signature Typed or printed name of registered a | agent and Me if applicable (NO<br>NDD DIRECTORS | TE Registered Agent signature requi | red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIREC        | TORE IN 12      |
| 12.  | D   | DELETE  | 1.1 TITLE                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECT                              |                 |
| NAME   | DAVIS, STEVEN                                   |   | 1.2 NAME                            |   |                 |
| STREET ADDRESS   | 9508 US HWY 19 N                                |   | 1.3 STREET ADDRESS                  |   | j               |
| CITY-S1-ZIP  | PORT RICHEY FL                                  |   | 1.4 CITY-ST-ZIP                     |   |                 |
| TITLE  | D   | ☐ DELETE  | 2.1 TITLE                           | L_I Cha   | nge 🔲 Addition  |
| NAME :   | DAVIS, JANICE                                   |   | 2.2 NAME                            | 1.0   |                 |
| STREET ADDRESS   | 9508 US HWY 19 N<br>PORT RICHEY FL 34668        |   | 2.3 STREET ADDRESS                  |   | ł               |
| CITY-ST-ZIP<br>TITLE   | PONT NOTICE PL 04000                            | DELETE  | 2.4 CITY-ST-ZIP<br>3.1 TITLE        | Cha   | nge Addition    |
| NAME   |   |   | 32 NAME                             |   |                 |
| STREET ASOMESS   |   |   | 3.3 STREET ADDRESS                  |   |                 |
| CITY - S1 - 71P  |   |   | 3.4. CITY-SY-ZIP                    |   |                 |
| THUE   |   | ☐ OFLETE  | 4.1 TITLE                           | ☐ Cha   | nge 🔲 Addition  |
| NAME   |   |   | 4. 2 NAME                           |   | 1               |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS                  |   |                 |
| City-St-ZiP  |   | T NEI ETE                                       | 4.4 CITY - ST - ZIP                 | 1706  | nge 🔲 Addition  |
| TITLE  |   | ☐ DELETE  | 5.1 TITLE                           | Cha   | uste Theorems   |
| NAME<br>STREET ADDRESS   |   |   | 5.2 NAME<br>5.3 STREET ADDRESS      |   | İ               |
| CITA-21-215  |   |   | 5.4 CITY-ST-ZIP                     |   |                 |
| TIME   |   | DELETE  | 6.1 TITLE                           | ☐ Cha   | nge Addition    |
| NAME   |   |   | 6.2 NAME                            |   | İ               |
| STREET ADDRESS   |   |   | 6.3 STREET ADDRESS                  |   | l               |
| CHTY - ST - ZIP  |   |   | 6.4 CITY-ST-ZIP                     |   |                 |

appears in Block 12 or 13 changed, or on in an address.

SIGNATURE: STEVEN DAVIS 4|24|97 813-376-8899

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