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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P93000076031 (2) **DOCUMENT #** 

SHOE QUEST, CORP.

**FILED** Jan 16 1998 8:00am Secretary of State



(10/97

Principal Place of Business Mailing Address 2848 STIRLING RD 2848 STIRLING DR BAY J HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 65-0446013 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WONG ANNA ANNA WANG 5553 RAVENSWOOD RD., #114 Street Address (P.O. Box Number is Not Acceptable) 2848 STIRLING RD. BAY J STIRLING HOLLYWOOD FL 33020 Zip Code 85 Hourson 11. Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and \$607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered he State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. SIGNATURE registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. T173 F DELETE 11717 ∠ Change Addition WONG, ANNA ANNA NAME 1.2 NAME CR2E034 2848 STOR; OMG RD., BAY J STREET ADDRESS 1.3 STREET ADDRESS 2848 STIRLING RO, BAY HOLLYWOOD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TIT) F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 by an attachment with an address.

SIGNATURE:

NATURE REQUIRED