

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000050471 (9)

1. Corporation Name

THE CONTENTED SOLE, INC.



Principal Place of Business

Mailing Address

5201 GEORGIA AVE.  
WEST PALM BEACH FL 33405

5201 GEORGIA AVE.  
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified  
07/05/1994

3a. Date of Last Report  
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL, REGINA  
5201 GEORGIA AVE.  
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of agent, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME MICHAEL, REGINA  
STREET ADDRESS 5201 GEORGIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director-Chairperson  
12 NAME Regina Michael  
13 STREET ADDRESS 5201 Georgia Ave WPB, FL 33405  
14 CITY-ST-ZIP

21 TITLE President  
22 NAME Jeffrey D. Michael  
23 STREET ADDRESS 5201 Georgia Ave WPB, FL 33405  
24 CITY-ST-ZIP

31 TITLE Treasurer  
32 NAME Jennifer Michael  
33 STREET ADDRESS 5201 Georgia Ave WPB, FL 33405  
34 CITY-ST-ZIP

41 TITLE Secretary  
42 NAME Monica M. Willis  
43 STREET ADDRESS 5201 Georgia Ave WPB, FL 33405  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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:

*Regina Michael*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-586-2212  
Date, Phone #

CR2E034 (12/95)