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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5201 GEORGIA AVE.
WEST PALM BEACH FL 33405

Mailing Address
5201 GEORGIA AVE.
WEST PALM BEACH FL 33405-3105



3. Date Incorporated or Qualified 07/05/1994
3a. Date of Last Report 05/28/1996

2. Principal Place of Business
21 3815 S. Dixie Hwy.
Suite, Apt. #, etc.

22 City & State WPRB, FL
23 Zip 33405 Country Plm Bch

24 33405 25 Plm Bch
26 P.O. Box 7098
Suite, Apt. #, etc.

27 City & State WPRB, FL
28 Zip 33405 Country Plm Bch

4. FEI Number 65-0500672
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MICHAEL, REGINA
5201 GEORGIA AVE.
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DC
NAME MICHAEL, REGINA
STREET ADDRESS 5201 GEORGIA AVENUE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE P
NAME MICHAEL, JEFFREY D
STREET ADDRESS 5201 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE T
NAME MICHAEL, JENNIFER
STREET ADDRESS 5201 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE S
NAME WILLIS, MONICA M
STREET ADDRESS 5201 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 as an attachment with an address.

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

Date Daytime Phone # 0200507

CR2E034 (9/96)