

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056551 (1)

1. Corporation Name

BABY SHOES, INC.



Principal Place of Business

SUITE 306
1801 LEE ROAD
WINTER PARK FL 32789

Mailing Address

SUITE 306
1801 LEE ROAD
WINTER PARK FL 32789

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report

4. FEI Number

59-3335736

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARONOFF, LEN ESQ.
1801 LEE ROAD
SUITE 306
WINTER PARK FL 32789

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

Len Aronoff
LEN ARONOFF

(NOTE: Registered Agent signature required when re-registering)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS SPRATT, JAMES W III
CITY-ST-ZIP 1801 LEE ROAD, SUITE 306
WINTER PARK FL 32789

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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 119.07(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: *James W III Spratt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W III SPRATT III

DATE

1/18/96 (407) 628-5700

PHONE NUMBER

CR2E034 (12/95)