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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000056551 (1)**1. Corporation Name

BABY SHOES, INC.

## FILED Jan 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  SUITE 306 1801 LEE ROAD WINTER PARK FL 32789  Mailing Address  SUITE 306 1801 LEE ROAD WINTER PARK FL 32789-2165					3. Date Incorporated or Qualified 03. Date of Last Report 07/20/1995 03/04/1996				
2. Principal Place of Busin	500	28. Mailing Add 26 <b>367</b>	Iroce			4. FEI Number	100/09		plied For
1 367 Branz		26 367	BRANTU	on CL.	UB P1.	59-3335736		<u> </u>	t Applicable
Suite, Apt #, etc	CE 7 - CON 1 CO	Suite, Apt. #	etc.	- (				\$8.75 A	<del></del>
12		27	.,			5. Certificate of Status Desired		Fee Re	
City & State	ا سو	City & State		در		6. Election Campaign Financing	_	\$5.00	•
3 Longwood	Country			ountry	····	Trust Fund Contribution		Added to	
Zip 4 32779		3277	9 30	OUNTRY A		8. This corporation has liability for	intangible ta: 🗍 Yes - 🎇		199.032.
	and Address of Current	Registered Agent	•  30	V3/1	<u> </u>	Florida Statutes  10. Name and Address of New Re			
ARONOFF, LEN	***************************************	Tiogration rigorit		81 Na	ame	10. 110110 0110 7.001010 0.11011 110	9.0.0.00		
1801 LEE ROAL						7000			
SUITE 306	,			82 Street Address (P.O. Box Number is Not Acceptable)					
WINTER PARK	E1 99780			83					
MINIEN FANK	1 L 32/09								
				<b>84</b> Ci	ity		FL	85 Zip C	Code
	or bruged if the 6, tell gleur patier.	tara titie r supreable	(NOTE: Regist	ered Agent sig	nature required	d when reinstating)	DATE		
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I do nereby certify that the information supplied with this filing does not duality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Flock 13 if changed, or on an attachment with any address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 868-P179