SECURED NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

A LEGISLAND MARKET BUTCH AND CARRY BANK AND LORDS AND AND AND

6-12-90 407-354-5400

____1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P95000073516 (3)

SUMMETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.G. SHOES & APPAREL, INC.

| 5 | | | | | | | | |
|--|--|--|------------------------------|-------------------|---|---|----------------------------|--|
| Principal Place of Business Mairing Address | | | | | ı radiradı ten ibibi bilki balılı bötk balılı 1000 1100 0 | IIIMA EK ore a rko 1001 | | |
| VALUE CENTER. INTERNATIONAL DRIVE VALUE CENTER. INTERNATIONA ORLANDO FL 32819 VALUE CENTER. INTERNATIONAL DRIVE VALUE CENTER. INTERNATIONAL D | | | | AL DRIVE | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of L 09/22/1995 | ast Report | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number 59-335/00/ | Applied For | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | | Not Applicable | |
| 2 | | 27 | | | | D. Cermicate or Status Desired | .75 Additional ee Required | |
| City & State | | City & State | | | | | 5.00 May Be | |
| Zip 4 | Country | Zip | Countr | y | | 8. This corporation has liability for intangible tax un- | | |
| 4] | 25 9. Name and Address of Cur | rent Registered Agent | 30 | | | Florida Statutes Yes No | | |
| TH | | | 81 | I | Name | 10. Name and Address of New Registered Agent | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET | | | | 1 | | | | |
| | TTE 105 | | 82 | 1 | Street Ad | t Address (P.O. Box Number is Not Acceptable) | | |
| | LLAHASSEE FL 32301 | | 83 | † | | | | |
| | | | 84 | + | City | lo-1 | 7-0-1 | |
| 11 D | 10.1 | | | L | • | ⊫ I I I | Zip Code | |
| office or r | to the provisions or Sections 607.0 registered agent, or both, in the Sta | 1502 and 607, 1508, Florida Statuti ate of Florida: Such change was a | es, the above uthanzed by | e-r | named co | progration submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment | ng its registered | |
| agent La | m familiar with, and accept the ob | igations of, Section 607.0505, Fig | rida Statutes | 3 | - | and to board or birectors. Thereby accept the appointment | . as registered | |
| SIGNATURE | Signature, typed or printed mane of registered | mont and tried and sales | | | | | | |
| 12. | | AND DIRECTORS | 13. | ent | t signati, re re- | equired when rensaming DATE ADDITIONS (CHANGES TO DESIGNED AND DISE | 77050 | |
| TITLE | | DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | ange X Addition | |
| NAME | | | 1 2 NAME | | / | DONEL SENION | nage Madina | |
| STREET ADDRESS | | | 13STREET | ΓĄ | ADDRESS | 5428 TouchtsonE DA. | | |
| CITY - ST - ZIP | | | | 1.4 City - ST-ZiP | | PRES. DANIEL BENSOUL 8428 TOUGHSTONE DR. ONIMAO, Fl. 32819 | | |
| TITLE | | DELETE | 2 1 TITLE | | | Cha | ange Addition | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2 3 STREET | A. | DORESS | | | |
| CITY-ST-ZIP | | | 2 4 CITY - | ST | - ZIP | | | |
| NAME | _ | | 3 1 TITLE | 1 | | Cha | ange Addition | |
| STREET ADDRESS | | | 3 2 NAME | | | | | |
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| NAME | | | 4 2 NAME | | | Cha | inge Addition | |
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| DITY-ST-ZIP | | | 4 4 CITY - S | _ | 1 | | | |
| TITLE | | DELETE | 5 1 TITLE | | - +- | Cha | nge Addition | |
| NAME | | | 5.2 NAME | | ĺ | | 7.00 ((ريا | |
| STREET ADDRESS | | | 53STREET | AD | DORESS | | | |
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| IAME | | | 6 2 NAME | | | | | |
| TREET ADDRESS | | tet. | 6 3 STREET | | ! | | | |
| ITY-ST-ZIP | v cortify that the information a real | iod with this films as well as a second | 6 4 CITY - ST | r - ; | ZIP | | | |
| made und | | on this annual report or supplement | ntal annual re | žΡ | ort is true | alify for the exemption stated in Section 119 07(3)(k). Florid a and accurate and that my signature shall have the same le ed to execute this report as required by Chapter 617, Florid | | |