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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporation	ES SHOE OUTLET, INC.	10094619 (0	)		) 1844 84848 84888 1468 1464 1484
Principal Place of Business		Mailing Address			
1200 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		1200 ROYAL PALM BE ROYAL PALM BEACH (			
				3. Date Incorporated or Qualified 3a. 12/11/1995	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0622230	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & City of		27]			Fee Required
City & State		City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
7(p	Country	<b>28</b> ] Zip	Country	TOST FORG CONTROLOGICAL	Added to Fees
24	25	29	30]	8. This corporation has liability for intangib Florida Statutes X Yes No	ile tax under s. 199.032, n
	9. Name and Address of Curr			10. Name and Address of New Register	
1200 RO ROYAL P	INE, LEON D YAL PALM BEACH BLVD. YALM BEACH FL 33411		83 84 City	CHERT D. NARBON/ DIESS (P.O. BOX Number is Not Acceptable) ORANGE BLV D.  DXAHATCHEE	=1 85 Zin Code
SIGNATURE .	Signature typed or pointed reply of registered ag-	chand the resplicable (No.	es, the above named corporation's books.  5.  D'E Registered Agent agnature requirements.		30/96
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DPST	DELETE		ONSUYTANT JOS LOUGE -1	Additien
NAME STREET ADDRESS	NARBONNE, LEON D 1200 ROYAL PALM BEACH (	DI M	12 NAME	LIBERT J. MAR BONNE	17/
CITY-ST-ZIP	ROYAL PALM BEACH FL 33		1.3 STREET ADDRESS	Las aubtented 5133	Holl
TITLE	MOTAL FALM BEAUTIFE 33	DELETE	1.4 City-St-ZiP 2 1 Title	LONAHAICHTE PU. 33	Change   Addition
NAME		L.,1	2 2 NAME		Change 🔲 Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		- Barrier
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4 C(1) Y - S1 - Z(F		
TITLE		DELETE	4 1 TILLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	F-191-191 4 1644 March	Figure 1	4.4 CITY- \$1-7IP		
TITLE NAME		DELETE	5 1 NITLE		Change C Addition
NAME STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELFTE	54 CHY-ST-7iP		[] Ob.,,
NAME		լ_յ տա	6 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			63 STREET ADDRESS		
	certify that the information supplied	with this filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 119.07(3)(k)	Florido Ctol des 15 de

Tub below certify that the information supplied with this hing 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 eath, 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: ALBERT J. NAR BONNE COLOR J. Mar bonne

4/30/96 407-195-5633 Despend Proper