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

Mailing Address

7000 BRYAN DAIRY ROAD, UNIT 4-A

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7000 BRYAN DAIRY ROAD, UNIT 4-A



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Date

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027489 (9)

GOTHAM SHOE COMPANY, INC.

LARGO FL 33777-1610 LARGO FL 34647 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1996 2a. Mailing Address 4. FEI Numbe Applied For Principal Prace of Business Not Applicable 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED lean. 343 ALMERIA AVENUE (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 84 City ation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpor office or registered agont, 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. Fam hamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change PSTD DELETE 11 TITLE THUE DANIELS, MARY JEAN 1.2 NAME NAME 7000 BRYAN DAIRY ROAD, UNIT 4-A 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34647 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change DELETE 1ı~LE 2.1 TITLE NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-51-24° ☐ Change Addition DELETE 5.1 TITLE TiTLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5 4 CITY-ST-ZIP CHY-SI-74 Change Addition □ DELETE TILLE 61 TITLE 62 NAME NAME **6.3 STREET ADDRESS** \$TREET ADDRESS 64 CITY-ST-ZIP City-St-Zi-14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)), 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 it 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