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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075719 (0)

SHOE ELECTRICAL ENTERPRISE, INC.

Principal	Place	of	Business
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Mailing Address

812 HATFIELD ROAD WINTER HAVEN FL 33880 612 HATFIELD ROAD WINTER HAVEN FL 33880-1700

## FILED Jan 29 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996								
2. Principal Place of Business 2s		2a. Mailing Address	2a. Mailing Address		4. FEI Number	1	A	oplied For			
21 26		26	26		59.3396867	-	N	ot Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·			П	\$8.75	Additional			
27					5. Certificate of Status Desired	Ш	Fee R	equired			
City & State City & State					6. Election Campaign Financing		\$5.00	May Be			
23	28						Added	to Fees			
Ζip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30			Florida Statules Yes No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	stered A	gent			
SHOE, ARTHUR L 612 HATFIELD ROAD				81 Name							
			ŀ	82	Street Address (P.O. Box Number is Not Acceptable)						
WIN	TER HAVEN FL 33880										
I			1	83							
			ŀ	84	City			85 Zip	Code		
			ļ	34	Only		FL	20 Zip	COUC		
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	Signature, typed or printed name of registered ag	est and title if applicable (NOI	H : Registered	 LAgen	l signalure requir	ed when reinstating)	DATE				
12.		D DIRECTORS	13.		. ognast man	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 111	LE				Change	Addition		
NAME	SHOE, ARTHUR L 612 HATFIELD ROAD		1	1.2 NAME 1.3 STHEFT ADDRESS			-				
STREET ADORESS											
CITY-ST-ZIP	MANUFER LIANTAL PL 00000										
TITLE				14 CITY-ST-7IP 21 TITLE				Change	Addition		
NAME	FARMER, JAMES W			2.2 NAME							
	REET ADDRESS 1111 SOUTH LAKE SHORE BLVD.			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
CITY-ST-ZIP									I		
TITLE	D	☐ DELETÉ	3.1 10		1 - 211			Change	Addition		
NAME	FARMER, JANET L	weert					L				
	TADDRESS ST-ZIP 1111 SOUTH LAKE SHORE BLVD. LAKE WALES FL			3.2 NAME  3.3 STREET ADDRESS							
				3.4 CHY-ST-ZIP							
CITY-ST-ZIP TITLE				41 TITLE				Change	Addition		
NAME	SHOE, PRISCILLA M	FT DETECT					L	Ononge	Muuruun		
	612 HATFIELD ROAD			4 2 NAME 4 3 STREET ADDRESS							
STREET ADDRESS	WINTER HAVEN FL 33880										
CITY-ST-ZIP	THILED INVESTIGE COOOL	DELETÉ	4.4 Cr1		- ZIP		<del></del>	Chanca	Addition		
TITLE		☐ DECEME	5.1 TiT				ı	Change	☐ Youndu		
NAME				5.2 NAME							
STREET ADDRESS				-	ADDRESS						
CITY-ST-ZIP			5.4 CIT		- ZIP			<b>-</b> 1	[-] mr		
TITLE		☐ DELETE	6.1 TI7		l		L	Change	Addition		
NAME	1		6.2 NA	ME							
STREET ADDRESS			63 ST	REET A	ADDRESS						
CITY-ST-ZIP			64 CI	TY-ST	- 7IP						

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

SIGNATURE/

ARTHUR 1 Shor 1/24/96

941-299-8427