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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076055 (8)

1. Corporation Name

DESIGNER SHOE OF FLORIDA, INC.

Principal Place of Business

COLONIAL PLAZA MARKET CENTER
2790 E COLONIAL DR. SUITE 300
ORLANDO FL 32803

Mailing Address

COLONIAL PLAZA MARKET CENTER
2790 E COLONIAL DR. SUITE 300
ORLANDO FL 32803-5025

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

4. FEI Number

59-3394471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOYCE, CHARLES V JR
390 N ORANGE AVE, SUITE 1285
ORLANDO FL 32801-1841

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHANNON, JOHN F
STREET ADDRESS 241 SOUTHERN HILL DR
CITY-ST-ZIP DULUTH GA 30155

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME LUNDEN, HARVEY
STREET ADDRESS 6301 WYNYARD PL
CITY-ST-ZIP BURKE VA 22015

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME SHANNON, BARBARA
STREET ADDRESS 241 SOUTHERN HILL DR
CITY-ST-ZIP DULUTH GA

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Barbara J. Shannon TREAS
4-24-97 (770) 565-0912

Date

Daytime Phone #

CR2E034 (9/96)