

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087998

1. Corporation Name
SHOELESS JOE, INC.

Principal Place of Business

C/O RJS/JACKSON GROUP
1200 NORTH FEDERAL HIGHWAY, SUITE 111
BOCA RATON FL 33432

Mailing Address

C/O RJS/JACKSON GROUP
1200 NORTH FEDERAL HIGHWAY, SUITE 111
BOCA RATON FL 33432

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90124 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number
65-0778125

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2 EAST CAMINO REAL

26 2 EAST CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 100

27 100

23 Boca Raton FL

28 Boca Raton FL

Zip Country

Zip Country

24 33432

29 33432

30

9. Name and Address of Current Registered Agent

JACKSON, JOSEPH R
C/O RJS/JACKSON GROUP
1200 NORTH FEDERAL HIGHWAY, SUITE 111
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

2 EAST CAMINO REAL

83 SUITE 100

84 City Boca Raton

FL

85 Zip Code

33432

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PSTD
JACKSON, JOSEPH R
STREET ADDRESS 2099 NW 30 ROAD
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2 EAST CAMINO REAL
1.4 CITY-ST-ZIP SUITE 100
BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

561 4174805

Daytime Phone #

CR2E034 (1/98)