SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S07161** **(0)**

1. Corporation Name

SALTZ COMFORT SHOES, INC.

Principal Place of Business	Mailing Address
1001 28TH AVE. N. ST. PETERSBURG FL 33704	1001 28TH AVE. N. ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/09/1990**
3a. Date of Last Report: **07/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3075962** ☐ 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

9. Name and Address of Current Registered Agent

SCHUH, CHARLES E.
248 MIRROR LAKE DR. N.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when restating(2)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	SALTZ, JAMES E.	12 NAME	Saltz, Matthew T.	
STREET ADDRESS	325 SOUTH 1ST	13 STREET ADDRESS	1001 28th Ave. N	
CITY ST ZIP	TUCUMCAR NM	14 CITY ST ZIP	St. Petersberg, Fl.	
TITLE	D	21 TITLE	VP	☐ Change ☒ Addition
NAME	SALTZ, MATTHEW T.	22 NAME	Saltz, James E.	
STREET ADDRESS	1001 28TH AVE N.	23 STREET ADDRESS	325 South First	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	Tucumcari, NM	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	Saltz, Matthew T.	
STREET ADDRESS		33 STREET ADDRESS	1001 28th Ave. N	
CITY ST ZIP		34 CITY ST ZIP	St. Petersberg, Fl.	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	Saltz, James E.	
STREET ADDRESS		43 STREET ADDRESS	325 South First	
CITY ST ZIP		44 CITY ST ZIP	Tucumcari, NM	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] (James E. Saltz Jr.) 7/18/95 505 461 2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187117 FP