FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65919 (0)

1. Corporate Name
BOZZI BROTHERS SHOE CLINIC, INC.

Principal Place of Business	Mailing Address
2188 ARMADILLO AVENUE SPRING HILL FL 34609	2188 ARMADILLO AVENUE SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1991
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-3075638 — 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. # etc.: 8742 US Hwy 19	27 Suite, Apt. # etc.: 2188 ARmadillo AVE
23 City & State: PoRt Richey	28 City & State: SpRing Hill
24 Zip: 34668 — 25 County: PAsco	29 Zip: 34609 — 30 County: HeRnando

9. Name and Address of Current Registered Agent

CARTER, DAVID R.
7419 US HWY 19
NEW PORT RICHEY FL 34652

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 607.1(?) 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

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	BOZZI, RAYMOND D.
STREET ADDRESS	2188 ARMADILLO AVENUE
CITY-ST-ZIP	SPRING HILL FL
TITLE	PTD
NAME	BOZZI, ROBERT A.
STREET ADDRESS	2188 ARMADILLO AVENUE
CITY-ST-ZIP	SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (blank entries)

14. I the undersigned 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: Robert A Bozzi — Robert A. Bozzi (PtD) 4-27-95 813-847-7463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0354870 CP