FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S76238 (2)

1. Corporation Name

NU-WAY SHOES & ORTHOPEDIC APPLIANCES, INC.

Principal Place of Business: 609-D DEL PRADO BLVD, CAPE CORAL FL 33990

Mailing Address: 609-D DEL PRADO BLVD, CAPE CORAL FL 33990

3. Date Incorporated or Qualified: 08/23/1991

3a. Date of Last Report: 07/12/1994

4. FEI Number: 65-0308350 ☐ 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

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

8. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BISHOP, WILLIAM C.
609-D DEL PRADO BLVD
CAPE CORAL FL 33990

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BISHOP, WILLIAM C
STREET ADDRESS	609-D DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DVP
NAME	BISHOP, ROBERT V
STREET ADDRESS	609-D DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

☐ Change ☐ Addition (blank entries)

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] William C Bishop 4-29-95 8134565551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0332128 CP