	103 FOR PROFI IFORM BUSINE			
DOCUMENT # \$76238 ,  1. Entity Name NU-WAY SHOES & ORTHOPEDIC APPLIANCES, INC.				FILED
			W. T.	03 OCT 17 PM 3:21
Principal Place of Business 603 DEL PRADO BLVD. B		Mailing Address 603 DEL PRADO R		SECRETARY OF STATE TALLAHASSEE, FLORIDA
CAPE CORAL FL 33980 US		CAPE CORAL FL 33990 US		
2. Principal Place of Business		3. Mailing Address		DC测度了例1上附后的1、2、
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0308350 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi
	6. Name and Address of Current	Registered Agent	N	7. Name and Address of New Registered Agent
BISHOP, WILLIAM C. 603-B DEL PBADO BLVD CAPE CORAL EL 33990			Street Address	MCey Les D. B. Shop  s (P.D. Box Number is Not Acceptable)  B. Del Pinno BLVO
			City O	10 Const FL 33990
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed Arme of registered agent in the control of the	sisty	registered office or regist	
After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISHOP, WILLIAM C 603-B-DEL PRADO BLVD. CAPE CORAL FL	<b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023905 <u>=13446</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BISHOP, STACEY LEE 603-B DEL PRADO BLVD. CAPE CORAL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Cellular

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

## LEIGH M. FISHER, P. A.

## ATTORNEY AT LAW

Telephone: (239) 549-3933 Facsimile: (239) 549-8658

LEIGH M. FISHER

\*Please Note New Area Code\*

Reply to: P. O. Drawer 101465 Cape Coral, FL 33910

1505 S. E. 40<sup>th</sup> Street Cape Coral, FL 33904 (4000 Del Prado Building)

October 9, 2003

e-mail, fishlaw@earthlink.net

Florida-Department of State Division of Corporation P.O. Box 1500 Tallahassee, Fl. 32302

Re: Nu-way Shoes and Orthopedic Appliances, Inc. 576238 Our File No. 02F-118

Dear Sir:

I am the attorney for the above mentioned client.

In March of 2003 we contacted the department of State because my client did not receive its annual filing report. They said his annual report was send back, but the address was correct when we called Tallahassee. The form arrived late.

The president of the company died of complications from an illness he contacted at ground zero in New York as deputy commander of Fl. Team II; Disaster Medical Assistant Team. His wife, who was not involved in the business, did not understand that a form should be filed! She didn't receive the subsequent notices:

We were advised to send in the report which is enclosed along with the \$150.00 fee and it would be accepted.

Thank you

Leigh M. Fisher

LMF/ida