

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S78701 (7)**
1. Corporation Name
RINALDI'S FASHION SHOES, INC.



Principal Place of Business: **1180011 SAN CARLOS BLVD FT MYERS FL 33908 US 2330 Palm Ridge Place SANIBEL FL 33957**
Mailing Address: **227 DANIEL DR SANIBEL FL 33957 -US-**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc. SUITE #	27	Suite, Apt. #, etc. SUITE 5
23	City & State SANIBEL FL.	28	City & State SANIBEL FL.
24	Zip 33957	29	Zip 33957
25	Country FLG	30	Country FLG

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/06/1991		04/17/1995
4.	FET Number	Applied For	
	65-0283956	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RINALDI, ANTHONY
227 DANIEL DR
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 607.0503, Florida Statutes.

SIGNATURE: **Anthony Rinaldi Pres.** (Signature of Registered Agent and the filer) **Anthony Rinaldi** (Signature of Secretary of State) **2/16/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RINALDI, ANTHONY	
STREET ADDRESS	227 DANIEL DRIVE	
CITY - ST - ZIP	SANIBEL ISLAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RINALDI, FRANKETTE K.	
STREET ADDRESS	227 DANIEL DRIVE	
CITY - ST - ZIP	SANIBEL ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

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)(k), 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: **Anthony Rinaldi Pres.** (Signature of Registered Agent and the filer) **Anthony Rinaldi** (Signature of Secretary of State) **2/16/96** (Date) **941-472-5666** (Phone #)

CR2E034 (12/95)