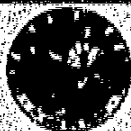


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V02228 (7)
1. Corporation Name
ORMOND BEACH SHOE REPAIR & ALTERATIONS, INC.

**APPROVED
AND
FILED**

95 APR 19 AM 1:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**UNIT 24 - ORMOND MALL
OCEANSHORE BLVD.
ORMOND BEACH FL 32176**

Mailing Address

**UNIT 24 - ORMOND MALL
OCEANSHORE BLVD.
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/20/1991

3a. Date of Last Report

03/23/1994

4. FEI Number

59-3108391

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

**KAZAZIAN, ELIZA
1238-A ORMOND MALL
OCEANSHORE BLVD.
ORMOND BEACH FL 32176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KAZAZIAN, ELIZA**
STREET ADDRESS **130 BOSARVY DR.**
CITY - ST - ZIP **ORMOND BEACH FL**

TITLE **S**
NAME **PAKRAJIAN, YESTER**
STREET ADDRESS **137 MARLIN DR.**
CITY - ST - ZIP **ORMOND BY SEA FL**

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