

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90119 036 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V03547

1. Corporation Name
NORMAN'S FASHION SHOES, INC.

Principal Place of Business
 7826 N.W. 44TH STREET
 SUNRISE FL 33351

Mailing Address
 7826 N.W. 44TH STREET
 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1991

4. FEI Number **65-0302883** 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **PLANTATION, FL**

Suite, Apt. #, etc.

22 **APT 101**

City & State

23 **PLANTATION, FL**

Zip

24 **33313**

Country

25 **USA**

2a. Mailing Address

26 **7826 N.W. 44TH ST**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SLAVIN, NORMAN
 7826 N.W. 44TH STREET
 SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name **NORMAN SLAVIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
7480 N.W. 17TH ST
 83
 84 City **PLANTATION** FL 85 Zip Code **33313**

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 **Norman Slavin PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE
 NAME **SLAVIN, NORMAN**
 STREET ADDRESS **7826 N.W. 44TH STREET**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **STD** ☐ DELETE
 NAME **SLAVIN, DAVID**
 STREET ADDRESS **7826 N.W. 44TH STREET**
 CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVD** ☒ Change ☐ Addition
 1.2 NAME **NORMAN SLAVIN**
 1.3 STREET ADDRESS **7480 N.W. 17TH ST**
 1.4 CITY-ST-ZIP **PLANTATION, FL 33313**

2.1 TITLE **STD** ☒ Change ☐ Addition
 2.2 NAME **DAVID SLAVIN**
 2.3 STREET ADDRESS **7480 N.W. 17TH ST**
 2.4 CITY-ST-ZIP **PLANTATION, FL 33313**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with a different like empowered.

SIGNATURE: **Norman Slavin NORMAN SLAVIN PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

954-791-1138

Daytime Phone #

CR2E034 (11/98)