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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **V11749** 

(1)

Corporation Name

2. Principal Place of Business

Suite. Apt. #, etc.

21

SHOEMASTERS, INC.		
hincipal Flace of Business	Maing Address	
1684 S CONGRESS AVE PALM SPRINGS FL 33461	1684 S CONGRESS AVE PALM SPRINGS FL 33461	

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2a. Mailing Address

Suite, Apt. #, etc.



3a. Date of Last Report

04/13/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

02/05/1992

65-0310086

5. Certificate of Status Desired

Orty & State	e	Orty & State			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Election Campaign Financing     Trust Fund Contribution			5.00 May Be		
Ζη: <b>24</b>	Country 25	Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No					
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered A	gent			
			8	1	Name		· 1				
JAMASON, GREGORY C.				2	Street Addre	ress (P.O. Box Number is Not Acceptable)					
	EXOTICA LN		"	-	Ottoot riddie	555 (F.O. DOX NUMBER IS NOT Accepta	Die)				
WEST PALM BEACH FL 33414-8112				83							
			<u> </u>	4	City						
			6	7	City		FL	85	Zip Code		
or register familiar wi	to the provisions of Sections 607,050; red agent, or both, in the State of Flor th, and accept the obligations of, Sec	oa. Such change was autho	rized by the con	rpoi	amed corpora ration's board	ation submits this statement for the pa d of directors. I hereby accept the app	irpose of cha pointment as	nging registe	its registered office ered agent. I am		
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12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF		DIREC	CTORS IN 12		
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certry that oath, that	y certify that the information supplied the information indicated on this anni Lam an officer or director of the corpo Block 12 or Block 13 if changed, or i	ial report or supplemental ar ration or the receiver or trusi	nnual report is tr tee empowered	010	and accurate	a and that my signal we shall have the	anno lanat a	Hant c	and if was not a supplied to		

Vamoson
OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR DAYLING FRAME OF SIGNING OFFICER OR DIRECTOR