J. 7- 98 B 2156 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V36349 (1) THE SHOE DOCTOR, INC. Principal Place of Business Mailing Address 164 NW 51 ST 164 NW 51 ST **BOCA RATON FL BOCA RATON FL** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-033534 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, CHARLES 164 NW 51 ST Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL** 83 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 T(TLE E Change Addition TITLE STEINBERG, CHARLES NAME 1.2 NAME 9716 Sills Dr E. #204 2301 S CONGRESS AVE #221 13 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** Boynton Beach Fl. 33437 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE ☐ DELÊTE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELF TE Change Addition 5 1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

14. Thereby 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 true, lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applears in

6 1 TITLE 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

561

Change

___ Addition