

XL209

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 680785 (3)

1. Corporation Name:
REGENCY SQUARE FOOTACTION, INC.



Principal Place of Business: 9501 ARLINGTON EXPY #140 W JACKSONVILLE FL 32225	Mailing Address: ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE, SUITE 100 IRVING TX 75063-6046
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2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/04/1980	3a. Date of Last Report 02/28/1996
4. FEI Number 04-2707538	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T.	
STREET ADDRESS	3940 PIPESTONE RD.	
CITY- ST- ZIP	DALLAS TX 75212	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	3940 PIPESTONE RD.	
CITY- ST- ZIP	DALLAS TX 75212	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W.	
STREET ADDRESS	3940 PIPESTONE RD.	
CITY- ST- ZIP	DALLAS TX 75212	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, DONALD V.	
STREET ADDRESS	3940 PIPESTONE RD.	
CITY- ST- ZIP	DALLAS TX 75212	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, MICHAEL R.	
STREET ADDRESS	ONE TEALL RD.	
CITY- ST- ZIP	RYE NY 10580	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY- ST- ZIP	IRVING, TX 75063	
2.1 TITLE	SVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY- ST- ZIP	IRVING, TX 75063	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
3.4 CITY- ST- ZIP	IRVING, TX 75063	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOMER W. GREER	
4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
4.4 CITY- ST- ZIP	IRVING, TX 75063	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 reported 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:  **MARK W. MAYER** 2-18-97 972-501-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)