

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
08/04/1980

4. FEI Number
04-2707538

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 **FL**

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 reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREER, HOMER L.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	DONALD V. ROACH
4.4 CITY-ST-ZIP	7880 BENT BRANCH DR. #100
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IRVING, TX 75063
5.3 STREET ADDRESS	ASST. SECRETARY
5.4 CITY-ST-ZIP	NANCY L. WINTON
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7880 BENT BRANCH DR. #100
6.3 STREET ADDRESS	IRVING, TX 75063
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

CR2E034 (10/97)