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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065182 (5)

1. Corporation Name
GREAT MALL FOOTACTION, INC.



Principal Place of Business
ATTN: TAX DEVELOPMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063

Mailing Address
3940 PIPESTONE ROAD
DALLAS TX 75212-8018

3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last Report 04/18/1996
4. FEI Number 59-3369233	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	

2. Principal Place of Business	2a. Mailing Address
21 CROSS TOWN EXPWY E Suite, Apt. #, etc.	26 7880 BENT BRANCH DR. Suite, Apt. #, etc.
22 FAULKENBERG RD City & State	27 #100 City & State
23 TAMPA, FL Zip Country	28 IRVING, TX Zip Country
24 33610 USA	29 75063 USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX-76212	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX-76212	
TITLE	VCFD	<input checked="" type="checkbox"/> DELETE
NAME	ROASH, DONALD V	
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	BRENNAN, MICHAEL R	
STREET ADDRESS	ONE THEALL ROAD	
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	<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	V/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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOMER W. GREGG
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
3.4 CITY-ST-ZIP	IRVING, TX 75063
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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 of this filing, or in an attachment with an address.

SIGNATURE: _____ DATE: 2-18-97 DAYTIME PHONE #: 972-501-5000

CR2E034 (9/96)