


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

FILED

**Feb 04 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 # P94000065182 (5)
 1. Corporation Name
GREAT MALL FOOTACTION, INC.



Principal Place of Business CROSS TOWN EXPWY. & FAULKENBERG ROAD 7880 BENT BRANCH DRIVE SUITE 100 TAMPA FL 33610 US	Mailing Address 7880 BENT BRANCH DRIVE STE 100 IRVING TX 75063 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/06/1994	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	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	PD	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	
CITY-ST-ZIP	IRVING TX	
TITLE	I	<input type="checkbox"/> DELETE
NAME	GREER, HOMER L	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	7880 BENT BRANCH DR STE 100	
CITY-ST-ZIP	IRVING TX	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	DONALD V. ROACH
3.4 CITY-ST-ZIP	7880 BENT BRANCH DR. #100 IRVING TX 75063
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ASST. SEC RETARY
4.3 STREET ADDRESS	NANCY L. WINTON
4.4 CITY-ST-ZIP	7880 BENT BRANCH DR. #100 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 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.

SIGNATURE: _____ **REQUIRED** _____ **1-28-98** _____ **970-541-5000**

CR2E034 (10/97)