
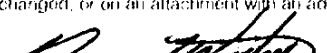


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 197503 (6)</b>					
1. Corporation Name <b>BROWARD MALL FOOTACTION, INC.</b>					
Principal Place of Business <b>933 MAC ARTHUR BLVD MAHWAH NJ 07430 US</b>			Mailing Address <b>933 MACARTHUR BLVD MAHWAH NJ 07430 US</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>8000 BROWARD MALL</b> Suite, Apt. #, etc. 22 <b>SPACE #216</b> City & State 23 <b>PLANTATION, FL</b> Zip 24 <b>33317</b>			2a. Mailing Address 26 <b>7880 BENT BRANCH DR.</b> Suite, Apt. #, etc. 27 <b>SUITE 100</b> City & State 28 <b>IRVING, TX</b> Zip 29 <b>75063</b>		
3. Date Incorporated or Qualified <b>11/09/1956</b>			4. FEI Number <b>04-2213974</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			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 <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	AS	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BAHLMAN, GERALD		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	933 MACARTHUR BLVD		1.2 NAME	RALPH T. PARKS	
CITY-ST-ZIP	MAHWAH NJ		1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	IRVING, TX 75063	
NAME	ROBINSON, J M		2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	933 MACARTHUR BLVD		2.2 NAME	CHARLES M. ALBERT	
CITY-ST-ZIP	MAHWAH NJ		2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	IRVING, TX 75063	
NAME	ANDERSON, THEODORE L.		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	67 MILLBROOK ST		3.2 NAME	MARK W. MAYER	
CITY-ST-ZIP	WORCESTER, MA 00000		3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	IRVING, TX 75063	
NAME	LUCEY, EDWARD J		4.1 TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	67 MILLBROOK ST		4.2 NAME	NANCY L. WINTON	
CITY-ST-ZIP	WORCESTER, MA 00000		4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	IRVING, TX 75063	
NAME			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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:  NANCY L. WINTON 2-3-98 972-501-5060					

CR2034 (10/97)