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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90067 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197503

1. Corporation Name

BROWARD MALL FOOTACTION, INC.

Principal Place of Business

8000 BROWARD MALL  
SPACE #216  
PLANTATION FL 33317  
US

Mailing Address

7880 BENT BRANCH DR  
STE 100  
IRVING TX 75063  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1956

4. FEI Number

04-2213974

Applied For

Not Applicable

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

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 ☐ DELETE  
NAME PARKS, RALPH T  
STREET ADDRESS 7880 BENT BRANCH DR, #100  
CITY-ST-ZIP IRVING-TX 75063

TITLE VPD ☐ DELETE  
NAME ALBERT, CHARLES M  
STREET ADDRESS 7880 BENT BRANCH DR, #100  
CITY-ST-ZIP IRVING TX 75063

TITLE S ☐ DELETE  
NAME ~~MAYER, MARC W~~  
STREET ADDRESS 7880 BENT BRANCH DR, #100  
CITY-ST-ZIP IRVING TX 75063

TITLE AS ☐ DELETE  
NAME ~~WINTON, NANCY L~~  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING TX 75063

TITLE SENIOR VP / DIRECTOR ☐ DELETE  
NAME DONALD V. ROACH  
STREET ADDRESS 7880 BENT BRANCH DR. #100  
CITY-ST-ZIP IRVING, TX 75063

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME NANCY W. WINTON  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VIRKI RODRIGUEZ  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

NANCY L WINTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

972-501-5000

Date

Daytime Phone #

CR2E034 (11/98)