

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90086 019 \*\*\*150.00

**DOCUMENT # 197503**

1. Entity Name

**BROWARD MALL FOOTACTION, INC.**



Principal Place of Business

**8000 BROWARD MALL  
SPACE #216  
PLANTATION FL 33317  
US**

Mailing Address

**PO BOX 141269  
IRVING TX 75014-1269  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-2213974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEVILLE, R. SHAWN	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	APPLBAUM, LEE D	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COLTER, WARREN Z	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MARY BETH	
STREET ADDRESS	3201 ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GALANTE, ANDREA	
STREET ADDRESS	3201 ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Richards	
STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Garahan	
STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TIMOTHY GARAHAN**

**FEB - 7 2005**

Date

Daytime Phone #