

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 7:19:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **267235** (0)

1. Corporation Name
WEST SHORE FOOTACTION, INC. # 220

Principal Place of Business Mailing Address
**3940 PIPESTONE RD.
DALLAS TX 75212
US** **3940 PIPESTONE RD.
DALLAS TX 75212
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1963	3a. Date of Last Report 04/29/1994
4. FEI Number 04-2428639	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 § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**UNITES STATES COPR CO
110 MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	1001 HAYS STREET, SUITE 105
B3	
B4 City	FL
B5 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 607.0509, Florida Statutes.

SIGNATURE _____
Signature of a person other than the registered agent and the registered agent must be signed after recording.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARKS, RALPH T
STREET ADDRESS	3940 PIPESTONE RD.
CITY, ST, ZIP	DALLAS TX 75212
TITLE	SVP
NAME	ALBERT, CHARLES
STREET ADDRESS	3940 PIPESTONE RD.
CITY, ST, ZIP	DALLAS TX 75212
TITLE	VPTD
NAME	ROACH, DONALD V
STREET ADDRESS	3940 PIPESTONE RD
CITY, ST, ZIP	DALLAS TX 75212
TITLE	S
NAME	COUTTS, FREDERICK W
STREET ADDRESS	3940 PIPESTONE RD.
CITY, ST, ZIP	DALLAS TX
TITLE	AS
NAME	AVILES, MICHAEL A
STREET ADDRESS	3940 PIPESTONE RD.
CITY, ST, ZIP	DALLAS TX 75212
TITLE	D
NAME	QURAESHI, SHAFIQ
STREET ADDRESS	3940 PIPESTONE RD.
CITY, ST, ZIP	DALLAS TX

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	SECRETARY
43. STREET ADDRESS	MARK W. MAYER
44. CITY, ST, ZIP	3940 PIPESTONE ROAD DALLAS, TX 75212
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	DIRECTOR
63. STREET ADDRESS	JERARD S. POLITZER
64. CITY, ST, ZIP	ONE THEALL ROAD RYE, NY 10580

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law both 119.011(1)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and that I or my alternate firm with an address:

SIGNATURE: **MARK W. MAYER, SECRETARY** 3-22-95 214-634-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TERRILL B. WILSON
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **273749** (2)

1. Corporation Name

BAREFOOT BAY DEVELOPMENT, INC.

Principal Place of Business

**255 ALHAMBRA CIR., 9TH FL.
CORAL GABLES FL 33134**

Mailing Address

**255 ALHAMBRA CIR., 9TH FL.
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1963** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1039425** 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL.
CORAL GABLES FL 33134**

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 607.040, 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 607.040, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995
12.1 NAME: VD GETMAN, DENNIS J. 12.2 STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL 12.3 CITY: VTD 12.4 NAME: MCNAIRY, CHARLES 12.5 STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL 12.6 CITY: SD 12.7 NAME: KERRIGAN, JUANITA I. 12.8 STREET ADDRESS: 222 ALHAMBRA CIR. CORAL GABLES FL 12.9 NAME: P METCALF, GEORGIA 12.10 STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished on this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be conclusively that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an addition with an address.

SIGNATURE: *Juanita I. Kerrigan Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (303) 442-7000