

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

XLC220

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 267235 (0)

1. Corporation Name
WEST SHORE FOOTACTION, INC.



Principal Place of Business

ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063
US

Mailing Address

ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046
US

3. Date Incorporated or Qualified
02/18/1963

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 WEST SHORE MALL

22 279 WEST SHORE PLAZA

23 TAMPA, FL

24 33609

25 US

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

2a. Mailing Address

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

4. FEI Number
04-2428639

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

9. Name and Address of Current Registered Agent

UNITES STATES COPR CO
1201 HAYS ST, STE. 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 of current registered agent and title, if applicable

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☐ DELETE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☒ DELETE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☐ DELETE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☒ DELETE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ DELETE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE ☐ DELETE

36 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☒ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☐ Change ☒ Addition

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☒ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

14. I do 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER

2-17-97

972-501-6000

CR2E034 (9/96)