Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90165 035 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 267235

WEST SHORE FOOTACTION, INC.

Principal Place of Business Mailing Address					"	##	i Bi Beit Atfit thuit atate ara	),, <b>G</b> ( <b>G</b> (1 <b>Q</b> ) <b>, D</b> (1 1 <b>D B</b> )
WEST SHORE	MALL	ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE. SUITE 100						
279 WEST SHO					DO NOT WRITE IN THIS SPACE			
TAMPA FL 33609 US		IRVING TX 75063 US		3. Date In	3. Date Incorporated or Qualified			
US		00			J	/1963		}
2. Principal P	lace of Business	2a. Mailing Address		,	4. FEI Nu			Applied For
21		26			04-24	28639		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ate of Status Desired		5 Additional	
22		27		J. Ceraic	ate of Status Desired	Fee	Required	
City & Stat	e`	City & State		6. Electio	n Campaign Financing		О мау ве	
23		28				und Contribution	Adde	ed to Fees
Zip	Country	Zip	· —			8. This corporation owes the current year Intangible  Personal Property Tax  Yes No		
24	25	11	30			al Property Tax.		- 100
	9. Name and Address of Current	Registered Agent	81	Name		and Address of New F	registered Agent	
LIMIT	TEC CTATEC CODD CO	•	"	Name				
UNITES STATES COPR CO 1201 HAYS ST, STE. 105			82	Street Address (P.O. Box Number is Not Acceptable)				
	LAHASSEE FL 32301		83		<del></del>	<del></del>		
IALI	LAHASSEE FE 32301		00				•	
			84	City			FL 85 Zi	p Code
44	to the provisions of Sections 607.0502	CO7 4500 Florido Chebido	an the short	o namad	Loomoration submi	te this statement for the		its registered
office or I	to the provisions of sections or .0002 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was at	uthorized by	the coro	oration's board of o	directors. I hereby accep	of the appointment as	registered
JOHATORE	Signature, typed or printed name of registered agent	<u></u>		nt signature i	required when reinstating)	NIO - 1	DATE DIDEO	TODO (N. 42
12.	OFFICERS AND	_ · <del> ·</del>	13.		ADDITIO	ONS/CHANGES TO OF	Chang	
TITLE	PD	☐ DELETE	1.1 TITLE				□ Cutang	je
NAME	PARKS, RALPH T		1.2 NAME					ļ
STREET ADDRESS				TADDRESS				{
CITY-ST-ZIP	IRVING TX	☐ DELETE	1.4 CITY-5	T-ZIP			☐ Chanc	re Addition
TITLE	SVPD	□ nere ie	2.1 TITLE					,
NAME	ALBERT, CHARLES		2.2 NAME	T + D D D C O O				
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			TADDRESS				
CITY-ST-ZIP	IRVING TX	DELETE	2. 4 CITY-	SI-ZIP			Chang	e Addition
TITLE	SVPT	Doctete	3.1 IIILE 3.2 NAME					
NAME	ROACH, DONALD V		l l	T ADDRESS				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.3 STREE					
CITY-ST-ZIP	IRVING TX 75063	☐ DELETE	4.1 TITLE	31-4H			Chang	ge Addition
NAME	S MAYER: MARK W	_,	4. 2 NAME		NANCY	L. WINTON	,	1
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	IRVING TX		4.4 CITY-5					-
TITLE	AS	☐ DELETE	5.1 TITLE		<u> </u>		Chang	ge
NAME	WINTON; NANCY L		5.2 NAME		VIKKI	RODRIGUE		
STREET ADDRESS			5.3 STREE	T ADDRESS	1			
CITY-ST-ZIP	IRVING TX 75063		5.4 CITY-5	T-ZIP				
TITLE	11.10354 17.1.4454	☐ DELETE	6 1 TITLE				☐ Chang	ge 🔲 Addition
NAME			6.2 NAME					ļ
CTREET ADDRESS			6.3 STREE	T ADORESS	:			Ì

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: NANCY L WINTON