

KL454

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

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 # 329671 (2)

1. Corporation Name
MERRITT ISLAND FOOTACTION, INC.

Principal Place of Business
67 MILLBROOK ST
WORCESTER MASS 01606

Mailing Address
67 MILLBROOK ST
WORCESTER MASS 01606-2817



2. Principal Place of Business 21 MERRITT SQ. MALL Suite, Apt. #, etc. #225 22 777 MERRITT IS. CHASSWAY City & State 23 MERRITT ISLAND, FL Zip Country 24 32952 25 USA		2a. Mailing Address 26 7880 BENT BRANCH DR Suite, Apt. #, etc. #100 27 City & State 28 IRVING, TX Zip Country 29 75063 30 USA		3. Date Incorporated or Qualified 05/06/1968	3a. Date of Last Report 05/01/1996
		4. FEI Number 04-2437484		Applied For 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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 of principal place of business of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCVEY, LARRY A 67 MILLBROOK ST WORCESTER, MA 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D RAUPH T. PARKS 7880 BENT BRANCH DR #100 IRVING, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD WOZNAK, EDWARD S. 67 MILLBROOK ST WORCESTER, MA 00000 <input checked="" type="checkbox"/> DELETE	1.2 NAME	
TITLE	VD ANDERSON, THEODORE L. 67 MILLBROOK ST WORCESTER, MA 00000 <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE	AS LARENCE ROGER 67 MILLBROOK ST WORCESTER, MA 00000 <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V/D CHARLES M. ALBERT 7880 BENT BRANCH DR. #100 IRVING, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	T HOMER L. GREER 7880 BENT BRANCH DR. #100 IRVING, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	S MARK W. MAYER 7880 BENT BRANCH DR. #100 IRVING, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 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:  MARK W. MAYER 2-18-97 972-501-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)