FILED

Feb 27, 1999 8:00 am Secretary of State

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Mailing Address

7880 BENT BRANCH DR

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

MERRITT SO MALL



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 329671

MERRITT ISLAND FOOTACTION. INC.

777 MERRITT ISLAND # CAUSEWAY MERRITT ISLAND FL 32952 US			#100 PRVING TX 75063 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1968					
							3						
2. Principal Place of Business			2a. Mailing Address				4	FEI Num				Appl	lied For
21			26					04-243	17484			Not .	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						e of Status Desire	red 🗆			ditional
22			27					. Ceruicau	e or status pesir	eu	Fe	e Req	uired
City & State			City & State				6	Election	Campaign Finan	ncing	•	.00 M	•
23			28						nd Contribution			ded to	Fees
Zip	Zip Country			Zip Country			8. This corporation owes the current year Intangible						
24	25		29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent						
<u> </u>	9. Name and Ad	ddress of Current R	tegistered Age	nt	81	Name). Name ar	nd Address of N	lew Registered	1 Agent		
LIMIT	TEN STATES COD		ОАМУ		61	Name	8						
UNITED STATES CORPORATION COM			'Alti	82	82 Street Address (P.O. Box Number is Not Acceptable)								
1201 HAYS STREET					100								
SUITE 105 TALLAHASSEE FL 32301					83								
IALLANASSEE PL 32301					84	City					85	Zip Co	ode
				 		l				<u>rı</u>		. 140 00	!-4a-d
11. Pursuant	to the provisions of t	Sections 607.0502 a	ind 607.1508, F Florida, Such ch	lorida Statute hange was a	es, the above authorized by	a-named the cor	d corporation broading	on submits coard of dir	this statement to ectors. I hereby :	r the purpose of accept the appr	of changing ointment a	ig its re as regi:	egisterea stered
agent. I ar	m familiar with, and	accept the obligation	ns of, Section 6	07.0505, Flor	rida Statutes	•			-	•		-	
SIGNATURE													
Signature, typed or printed name of registered agent				(NOTE:	: Registered Agen	it signature			NS/CHANGES TO	DATE O OFFICERS A	ND DIRE	CTOR	S IN 12
12.		OFFICERS AND I		DELETE	1,1 TITLE		$\overline{}$	ADDITION	13/OHAITOES .	J (11 1021(C)	Chai		Addition
TITLE	PD PARKE DALBH	-	-	J DECE IE	1,1 111LE						L	1/5-	
NAME	PARKS, RALPH					- 100000							
STREET ADDRESS		NCH DH # 100			STREET ADDRESS								
CITY-ST-ZIP	IRVING TX			DELETE	2.1 TITLE	-ZIP	+				Cha	inge	Addition
NAME	VD	CO M	_	J DCLC. 2	2.1 IIICE 2.2 NAME						_		_
1	ALBERT, CHARL 7880 BENT BRA				2.3 STREET	. VUUDES.	10						!
STREET ADDRESS	IRVING TX	NCH UN # IVU			2.4 City-S		"						
CITY-ST-ZIP TITLE	VPT			DELETE	3.1 TITLE	1-Zir	+				Char	nge	☐ Addition
NAME	ROACH, DONAL	-	, -	3.2 NAME						_	•		
STREET ADDRESS	l				3.3 STREET	L VUDSES.	40						
CITY-ST-ZIP	171 MICH. THE STREET				3.4. CITY-S		٦						
TITLE	S 144140 1X 7500				4.1 TITLE	1, 51	+				(hai	nge	Addition
NAME	- MAYER-MARK-V		_		4. 2 NAME		NOTINIU . L YDWAN			7	-		
STREET ADDRESS	7880 BENT BRA				4.3 STREET ADDRESS								
CITY-ST-ZIP	IRVING TX	MOH DIT # 100			4.4 CITY-ST		<u> </u>						
TITLE	AS			DELETE	5.1 TITLE	1-24	+				Chai	nge	Addition
NAME	WINTON, NANO	24 -1	_		5.2 NAME		VIKI	VIKKI RODRIBUEL		LEI	,		
STREET ADDRESS						5.3 STREET ADDRESS							
CITY-ST-ZIP	IRBING TX 7506				5.4 CITY-S1	r-zip							
TITLE	INDITO IN 1500	3		DELETE	6.1 TITLE		+				☐ Char	nge	Addition
NAME				• •	6.2 NAME								
					6.3 STREET	ADDRES!	is						
STREET ADDRESS					J.S S I MEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*			•			

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.

SIGNATURE: NANCY LIVINTON