


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

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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 418317
 1. Corporation Name
DOLPHIN MALL FOOTACTION, INC.

Principal Place of Business 67 MILLBROOK STREET WORCESTER MA 01606 US	Mailing Address 67 MILLBROOK STREET WORCESTER MA 01606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 DOLPHIN MALL Suite, Apt. #, etc.	2a. Mailing Address 26 7880 BENT BRANCH DR #100 Suite, Apt. #, etc.
22 City & State 23 MIAMI, FL	27 City & State 28 IRVING, TX
24 Zip 25	29 75063
Country 30 USA	

3. Date Incorporated or Qualified 02/05/1973	4. FEI Number 04-2513670	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 owes the current year Intangible Personal Property Tax. <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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBINSON, JIM	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAHLMAN, GERALD	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROACH, DONALD V.	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILSON, MARY BETH	
STREET ADDRESS	67 MILLBROOK STREET	
CITY-ST-ZIP	WORCESTER MA 01606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHARLES M. ALBERT	
STREET ADDRESS	7880 BENT BRANCH DR. #100	
CITY-ST-ZIP	IRVING, TX 75063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH T. PARKS	
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY-ST-ZIP	IRVING, TX 75063	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NANCY W. WINTON	
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY-ST-ZIP	IRVING, TX 75063	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
3.4 CITY-ST-ZIP	IRVING, TX 75063	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VIKKI RODRIGUEZ	
4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
4.4 CITY-ST-ZIP	IRVING, TX 75063	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: **NANCY L. WINTON** SIGNATURE REQUIRED *[Signature]* 1-22-99 972-501-5000
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)