

XL453

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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 # 643638 (0)

1. Corporation Name  
FT. LAUDERDALE FOOTACTION, INC.

Principal Place of Business  
67 MILLBROOK ST  
WORCESTER MA 01606

Mailing Address  
67 MILLBROOK ST  
WORCESTER MA 01606-2817



3. Date Incorporated or Qualified 11/01/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2709228	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 GALLERIA AT FT. LAUDER Suite, Apt. #, etc. 22 2322 E. FURNACE BLVD City & State 23 FT. LAUDERDALE, FL Zip 24 33304	2a. Mailing Address 26 7880 BENT BRANCH DR Suite, Apt. #, etc. 27 #100 City & State 28 IRVING, TX Zip 29 75063	Country 25 USA Country 30 USA
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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 85 Zip Code FL	
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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 type or printed name of registered agent and title 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MCVEY, LARRY A.		1.2 NAME	RAWPH T. PARKS							
STREET ADDRESS	67 MILLBROOK ST		1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100							
CITY-ST-ZIP	WORCESTER, MA 00000		1.4 CITY-ST-ZIP	IRVING, TX 75063							
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	WOZNAK, EDWARD S.		2.2 NAME	CHARLES M. ALBERT							
STREET ADDRESS	67 MILLBROOK ST		2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100							
CITY-ST-ZIP	WORCESTER, MA 00000		2.4 CITY-ST-ZIP	IRVING, TX 75063							
TITLE	TV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	WOZNAK, EDWARD S.		3.2 NAME	HOMER L. GREER							
STREET ADDRESS	67 MILLBROOK ST		3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100							
CITY-ST-ZIP	WORCESTER, MA 00000		3.4 CITY-ST-ZIP	IRVING, TX 75063							
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	LARENCE, ROGER		4.2 NAME	MARK W. MAYER							
STREET ADDRESS	67 MILLBROOK ST		4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100							
CITY-ST-ZIP	WORCESTER, MA 00000		4.4 CITY-ST-ZIP	IRVING, TX 75063							
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	ANDERSON, THEODORE L.		5.2 NAME								
STREET ADDRESS	67 MILLBROOK ST		5.3 STREET ADDRESS								
CITY-ST-ZIP	WORCESTER, MA 00000		5.4 CITY-ST-ZIP								
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			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 if changed, 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)