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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H87538

1. Corporation Name  
FLORIDA MALL FOOTACTION, INC.

Principal Place of Business  
ORANGE BLOSSOM & SAND LAKE ROAD  
ORLANDO FL 32809  
US

Mailing Address  
7880 BENT BRANCH DRIVE  
STE 100  
IRVING TX 75063  
US

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

3. Date Incorporated or Qualified

12/02/1985

4. FEI Number

04-2902465

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, typed 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  
NAME PARKS, RALPH T  
STREET ADDRESS 7880 BENT BRANCH DRIVE STE 700  
CITY-ST-ZIP IRVING TX

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME ALBERT, CHARLES M  
STREET ADDRESS 7880 BENT BRANCH DR STE 100  
CITY-ST-ZIP IRVING TX

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPT  
NAME ROACH, DONALD V  
STREET ADDRESS 7880 BENT BRANCH DRIVE STE 100  
CITY-ST-ZIP IRVING TX 75063

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPS  
NAME MAYER, MARK W  
STREET ADDRESS 7880 BENT BRANCH DRIVE STE 100  
CITY-ST-ZIP IRVING TX

4.1 TITLE  
4.2 NAME NANCY L. WINTON  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AS  
NAME WINTON, NANCY W  
STREET ADDRESS 7880 BENT BRANCH DR 100  
CITY-ST-ZIP IRVING TX 75063

5.1 TITLE  
5.2 NAME VIKKI RODRIGUEZ  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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

1-22-98 972-501-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)