SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K24508

1. Corporation Name

FOOTCAPE OF CENTRAL FLORIDA IN

(9)

FOOTCARE OF CENTRAL FLORIDA, INC.

FILED Sep 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 830 E. HWY STATE 434 830 E. HWY STATE 434 SUITE #1 SUITE #1 LONGWOOD FL 82750 DO NOT WRITE IN THIS SPACE LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1988 05/01/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65 SWOOTBRIAR 26 65 SWEE/B 59-2889732 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing WOO П Trust Fund Contribution Added to Fees Semi Note 8. This corporation owes or has paid the current year Intangible 25 SOMINOLE 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YEISLEY, MACL 306 SABLE PARK PLACE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 63 LONGWOOD FL 32779 84 City 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** OFFICERS AND DIRECTORS O OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Change Addition TITLE 1.1 TITLE PEARL FRENERICK I PEARL, FREDERICK I. NAME 12 NAME -830 E. HWY-STATE 434. ≢1 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD PL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Acidition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 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 his 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.