

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION' ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006067 (0)**

1. Corporation Name

THE FOOT SOLDIERS, INC.



Principal Place of Business 3001 S.W. 64TH TERRACE MIRAMAR FL 33023	Mailing Address P.O. BOX 4492 HOLLYWOOD FL 33183
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1996		3a. Date of Last Report	
2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 472901	4. FEI Number 65-0717795	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33147	Country 30 US
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESESNE, TONY C
3001 S.W. 64TH TERRACE
MIRAMAR FL 33023**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Tony C. Lesesne* **Tony C. Lesesne** 9/14/97 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESESNE, TONY C	1.2 NAME	
STREET ADDRESS	3001 S.W. 64TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER, BILLY	2.2 NAME	
STREET ADDRESS	3001 S.W. 64TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESESNE, GLENDA WOOD	3.2 NAME	
STREET ADDRESS	3001 S.W. 64TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, KEVIN	4.2 NAME	
STREET ADDRESS	3001 S.W. 64TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWABY, MICHELLE	5.2 NAME	
STREET ADDRESS	3001 S.W. 64TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Tony C. Lesesne* **Tony C. Lesesne** 9/14/97 (ASU) 9/14/97

CR2E037 (4/97)