FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

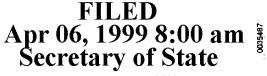
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600006067

THE FOOT SOLDIERS, INC.

Principal Place of Busines										
3001	S.W.	64TH	TERRACE							
		F: 00	202							



04-06-1999 90018 029 ****61.25

Principal Plac	e of Business	Maning Address				•		
3001 S.W. 64T MIRAMAR FL 3		PO BOX 472052 MIAMI FL 33147 US						
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed		
21		26				11/21/1996		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		olied For
22	· · · · · · · · · · · · · · · · · · ·	27				65-0717795	 , 	Applicable
City & Stat	6	City & State				5. Certificate of Status Desired	\$8.75 A	
23		28	Carr					<u> </u>
Zip	Country	Zip	-	intry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	• 1
24	9. Name and Address of Curren	29 Agent	30	1		10. Name and Address of New Registered		71 665
	Name and Address of Curren	, registered Agent		81	Name	raine and Address of the Cognostic	- regunt	
LESESNE, TONY C				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	•	
	. 64TH TERRACE		,	83			· · · · · ·	
MIRAMAR	FL 33023		1		<u> </u>	<u> </u>	85 Zip C	odo
	٠.			84	City	F!	_ `	
11. Pursuant	to the provisions of Sections 617.050	and 617.1508, Florida Statute	es, the a	bove-	named corp	oration submits this statement for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the State of the obligation of the ob	of Florida, Such change was a ions of Section 617,0503, Flo	uthorized rida Stat	d by ti tutes.	he corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the appoint	#ntment as reg	isteren i
SIGNATURE	Mr. Alse		044	1 6		sne 3/17/9)	7]
	Signature, typed of punted name in registered agen	t and title if applicable. (NOTE:		Agent	signature required	d when reinstating)	ND DIDECTOR	DC IN 12
12.	OFFICERS AN		13.		, ,	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
ПЪЕ	P	☐ DELETE	1,1 Tf				Citatige	
NAME	LESESNE, TONY C		1.2 N/			,		
STREET ADDRESS	3001 S.W. 64TH TERRACE	•			ADDRESS	· •		
CITY-ST-ZIP	MIRAMAR FL 33023	☐ DELETE		TY-ST-	ZIP	<u> </u>	☐ Change	Addition
TITLE	D	, DELETE	21 17		Ì		onengo	
NAME	HESTER, BILLY		2.2 N					ł
STREET ADDRESS	2343 NW 52 ST			TY-ST-	VDDRESS	•	- .	
CITY-ST-ZIP TITLE	MIRAMAR FL 33142	☐ DELETE	3.1 TI		-211		Change	Addition
NAME	D CECCHE CLENDA WOOD		3.2 N				.	
STREET ADDRESS	LESESNE, GLENDA WOOD 3001 S.W. 64TH TERRACE		1		ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023	•		TY-ST		·		
TITLE	D	☐ DELETE	4.1 TI				Change	Addition
NAME	HICKS, KEVIN		4. 2 N	IAME				,
STREET ADDRESS	15143 N3 6TH AVE		4.3 ST	TREET A	ADDRESS	•	-	
CITY-ST-ZIP	MIRAMAR FL 33162		4.4 CI	TY-ST-	ZIP			
TITLE	D .	☐ DELETE	5.1 TT	TLE			Change	☐ Addition
NAME	SWABY, MICHELLE	•	5.2 N	AME				İ
STREET ADDRESS	8720 SHERMAN CIR., #101		5.3 ST	TREET	NOORESS .			
CITY-ST-ZIP	MIRAMAR FL 33023			ITY-ST-	ZIP	·		
TITLE		☐ DELETE	6.1 π	TLE			☐ Change	☐ Addition

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 617, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP