

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026323 (4)**

1. Corporation Name

**MALL OF AMERICAS FOOTACTION, INC.** 190



Principal Place of Business

**7736 WEST FLAGLER STREET  
SPACE #20  
MIAMI FL 33144**

Mailing Address

**3940 PIPESTONE ROAD  
DALLAS TX 75212**

3. Date Incorporated or Qualified

**04/09/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0412471**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES 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

**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 607.0506, Florida Statutes.

SIGNATURE

(Signature of officer or director or registered agent required when registering)

(Signature of Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | PARKS, RALPH T      |  |
| STREET ADDRESS | 3940 PIPESTONE RD   |  |
| CITY-STATE-ZIP | DALLAS TX           |  |
| TITLE          | SVP                 | <input type="checkbox"/> DELETE            |
| NAME           | ALBERT, CHARLES M   |  |
| STREET ADDRESS | 3940 PIPESTONE RD   |  |
| CITY-STATE-ZIP | DALLAS TX           |  |
| TITLE          | VPTD                | <input type="checkbox"/> DELETE            |
| NAME           | ROACH, DONALD       |  |
| STREET ADDRESS | 3940 PIPESTONE ROAD |  |
| CITY-STATE-ZIP | DALLAS TX           |  |
| TITLE          | S                   | <input type="checkbox"/> DELETE            |
| NAME           | MAYER, MARK W       |  |
| STREET ADDRESS | 3940 PIPESTONE RD   |  |
| CITY-STATE-ZIP | DALLA TX            |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | PARKS, RALPH T      |  |
| STREET ADDRESS | 3940 PIPESTONE RD   |  |
| CITY-STATE-ZIP | DALLAS TX           |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | PONTZER, JERALD S   |  |
| STREET ADDRESS | ONE THEALL RD       |  |
| CITY-STATE-ZIP | RYE NY              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | <b>DIRECTOR</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>MICHAEL R. BRENNAN</b> |  |
| 1.3 STREET ADDRESS | <b>ONE THEALL ROAD</b>    |  |
| 1.4 CITY-STATE-ZIP | <b>RYE, NY 10580</b>      |  |
| 2.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                           |  |
| 2.3 STREET ADDRESS |                           |  |
| 2.4 CITY-STATE-ZIP |                           |  |
| 3.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                           |  |
| 3.3 STREET ADDRESS |                           |  |
| 3.4 CITY-STATE-ZIP |                           |  |
| 4.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                           |  |
| 4.3 STREET ADDRESS |                           |  |
| 4.4 CITY-STATE-ZIP |                           |  |
| 5.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                           |  |
| 5.3 STREET ADDRESS |                           |  |
| 5.4 CITY-STATE-ZIP |                           |  |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |  |
| 6.3 STREET ADDRESS |                           |  |
| 6.4 CITY-STATE-ZIP |                           |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK W. MAYER**

**2-8-96**

**214-634-7755**

CR2E034 (12/95)