

190

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90067 014 \*\*\*150.00

DOCUMENT # P93000026323

1. Corporation Name

MALL OF AMERICAS FOOTACTION, INC.



Principal Place of Business

7795 WEST FLAGLER STREET  
SPACE #20  
MIAMI FL 33144

Mailing Address

ATTN: TAX DEPARTMENT  
7880 BENT BRANCH DRIVE, SUITE 100  
IRVING TX 75063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

65-0412471

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES 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 ☐ DELETE

NAME ROACH, DONALD V  
STREET ADDRESS 7880 BENT BRANCH DR 1  
CITY-ST-ZIP IRVING TX 75063

1.1 TITLE

VP / D

☒ Change ☐ AdditionTITLE ☐ DELETE

NAME SVP  
ALBERT, CHARLES M  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING TX

2.1 TITLE

☐ Change ☐ AdditionTITLE ☒ DELETE

NAME GREER, HOMER L.  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING TX

3.1 TITLE

☐ Change ☐ AdditionTITLE ☐ DELETE

NAME S  
MAYER, MARK W  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING TX

4.1 TITLE

NANCY L. WINTON

☒ Change ☐ AdditionTITLE ☐ DELETE

NAME PARKS, RALPH T  
STREET ADDRESS 7880 BENT BRANCH DR #100  
CITY-ST-ZIP IRVING TX

5.1 TITLE

PRES / DIRECTOR

☒ Change ☐ AdditionTITLE ☐ DELETE

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

6.1 TITLE

VIRKI RODRIGUEZ

☒ 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

972-501-5000

CR2E034 (11/98)