

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

May 07 1997 8:00a Secretary of State

DOCUMENT # P93000048828

1. Corporation Name Funky Feet, Inc.

Principal Place of Business 140 North Woodland Blvd Deland, FL 32720

Mailing Address 140 North Woodland Blvd. Deland, FL 32720

2. Principal Place of Business 21 2160 Howland Blvd. Suite Apt. #, etc. Suite # 306 City & State Deltona, FL Zip 32738 Country USA

2a. Mailing Address 26 510 Winding Creek PL Suite Apt. #, etc. City & State Longwood, FL Zip 32779 Country USA

3. Date Incorporated or Qualified 7/13/93

3a. Date of Last Report 4/26/96

4. FEI Number 59-3196197

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

9. Name and Address of Current Registered Agent Morgan, Ultima D 315 E. Robinson St Suite 600 Orlando, FL 32801

10. Name and Address of New Registered Agent 81 Name Charleston - Palmer, Dolores A. 82 Street Address (P.O. Box Number is Not Acceptable) 510 Winding Creek PL 83 84 City Longwood, FL 85 Zip Code 32779

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, and assume the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Dolores A. Charleston-Palmer Dolores A. Charleston-Palmer 4/29/97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D 1.1 TITLE 1.2 NAME Palmer, Michael H. 1.2 NAME 1.3 STREET ADDRESS 510 Winding Creek PL 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Longwood, FL 32779 1.4 CITY - ST - ZIP

2.1 TITLE D 2.1 TITLE 2.2 NAME Charleston - Palmer, Dolores A. 2.2 NAME 2.3 STREET ADDRESS 510 Winding Creek PL 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Longwood, FL 32779 2.4 CITY - ST - ZIP

3.1 TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 3.4 CITY - ST - ZIP

4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.4 CITY - ST - ZIP

5.1 TITLE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.4 CITY - ST - ZIP

6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 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: Dolores A. Charleston-Palmer Dolores A. Charleston-Palmer 4/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(408) 862-8784