

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000066574 (3)

1. Corporation Name
PALM BEACH FOOTACTION, INC.



Principal Place of Business
1801 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

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 09/24/1993	
4. FEI Number 65-0467352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, RALPH	1.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, CHARLES M	2.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, HOMER L	3.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, MARK W	4.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	ASST. SECRETARY	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY L. WINTON	5.2 NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING, TX 75063	5.4 CITY-ST-ZIP	
TITLE		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 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: _____ NANCY L. WINTON 1-20-98 972-501-5000

CR2E034 (10/97)