


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

282

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

02-27-1999 90050 045 ***150.00

0541999

PROFIT-CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000066574

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

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

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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	TD	<input type="checkbox"/> DELETE		
NAME	ROACH, DONALD			
STREET ADDRESS	7880 BENT BRANCH DR #100			
CITY-ST-ZIP	IRVING TX 75063			
TITLE	SVD	<input type="checkbox"/> DELETE		
NAME	ALBERT, CHARLES M			
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100			
CITY-ST-ZIP	IRVING TX			
TITLE	+	<input type="checkbox"/> DELETE		
NAME	GREER, HOMER L			
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100			
CITY-ST-ZIP	IRVING TX			
TITLE	S	<input type="checkbox"/> DELETE		
NAME	MAYER, MARK W			
STREET ADDRESS	7880 BENT BRANCH DRIVE STE 100			
CITY-ST-ZIP	IRVING TX			
TITLE	AS	<input type="checkbox"/> DELETE		
NAME	WINTON, NANCY L			
STREET ADDRESS	7880 BENT BRANCH DR #100			
CITY-ST-ZIP	IRVING TX 75063			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	RALPH T. PARRS			
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100			
3.4 CITY-ST-ZIP	IRVING, TX 75063			
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	NANCY L. WINTON			
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	VIKKI RODRIGUEZ			
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME				
6.3 STREET ADDRESS				
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, with all other like empowered.

SIGNATURE: **NANCY L. WINTON** SIGNATURE REQUIRED **1-22-99** 972-501-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)