

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

**APPROVED AND FILED**

**95 APR 25 AM 11:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P93000082041 (3)**

1. Corporation Name  
**MY OWN TWO FEET, INC.**

Principal Place of Business: **10389 ROYAL PALM BLVD. CORAL SPRINGS FL 33071**  
Mailing Address: **10389 ROYAL PALM BLVD. CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1993**  
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country

4. FEI Number: **65-0451489**  
Applied For:  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**  
6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2a. Mailing Address: **26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country

9. Name and Address of Current Registered Agent: **PASSY, VERN 10389 ROYAL PALM BLVD. CORAL SPRINGS FL 33071**

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	<b>D</b>
NAME	<b>PASSY, VERN</b>
STREET ADDRESS	<b>10389 ROYAL PALM BLVD.</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	<b>D</b>
NAME	<b>PASSY, VICKI</b>
STREET ADDRESS	<b>10389 ROYAL PALM BLVD.</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Vern Passy Pres. VERN PASSY** **4/19/95** **(305) 344-7255**