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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1997 |
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| |

DOCUMENT # P93000082041 (3)

MY OWN TWO FEET, INC.

FILED Apr 04 1997 8:00am Secretary of State



| Principal Plac | cipal Place of Business Mailing Address | | | | | I \$8011003 746 10100 IIIII OOKII BOKII BOKII QUIGE ILAKA ISON OONII BIREE 1501 IOOI | | | | | |
|--|---|---------------------------------------|---|--------------------------|-------------|--|---|------------|-----------------------------|--------------------------------|--|
| 10389 ROYAL PALM BLVD. CORAL SPRINGS FL 33071 | | | 10389 ROYAL PALM BLVD. CORAL SPRINGS FL 33065-4817 | | | | | | | | |
| | | | | | | • | 3. Date incorporated or Qualified 11/29/1993 | , | ate of La 29/19 9 | st Report | |
| 2. Principal P | ace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | | Applied For | |
| 21 | | 26 | | | | | 65-0451489 | | | Not Applicable | |
| Suite, Apt | #, etc. | Suito, A | pt #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required | |
| City & State | e | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | | \$5.00 May Be Added to Fees | |
| 7 (i) | Country | Zιρ | | Country | y | | 8. This corporation has liability for | nyangible | tax und | er s. 199.032, | |
| 24 | 25 | 29 | 3 | 0 | | | Florida Statutes | Yes [| □ No | | |
| | Name and Address of Current | nt Registered Ag | ent | | | | 10. Name and Address of New Re | gistered | Agent | | |
| PAS | SSY, VERN | | | 81 | ŀ | Name | | | | | |
| 40000 DOVAL DALLA DIAM | | | | 82 | 2 3 | Street Addre | Iress (P.O. Box Number is Not Acceptable) | | | | |
| 001 | RAL OF HITTOO TE GOOT | | | 83 | - | | | | | | |
| | | | | 84 | i | City | | FL | 85 | Zip Code | |
| office or r | registered agent, or both, in the State am familiar with, and accept the oblig. | of Florida Such ations of, Section | change was au 607.0505, Flori | thorized b da Statute | y ti es. | he corporati | oration submits this statement for the points board of directors. I hereby acceptions | of the app | oointmen | t as registered | |
| 12. | · · · · · · · · · · · · · · · · · · · | D DIRECTORS |) [NOTE:] | 13. | jent : | signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | | DIREC | TORS IN 12 | |
| THE | D | | DELETE | 1.1 TITLE | | T | 7,000,1010,0111110,000,100,101 | | Char | | |
| NAME | PASSY, VERN | · | | 1.2 NAME | | | | | | • | |
| STREET ADDRESS | 10389 ROYAL PALM BLVD. | | | 1.3 STALE | | ndress | | | | | |
| City-S1-ZiP | CORAL SPRINGS FL 33071 | | | 1.4 CITY- | | | | | | | |
| THILF | D | | DELETE | 2.1 TITLE | | ±11 | | | Char | ige Additio | |
| NAME | PASSY, VICKI | | | 2.2 NAME | | | | | | - | |
| STREET ADDRESS | 10389 ROYAL PALM BLVD. | | | 2.3 STREE | | DRESS | | | | | |
| CITY -S1 - 7/2 | CORAL SPRINGS FL 33071 | | ė | 2 4 CHTY- | | | | | | | |
| III.F | | | DELETE | 3 1 TITLE | | | | | Char | nge 🔲 Additio | |
| NAME | | | | 3.2 NAME | | ľ | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | T AD | DAESS | | | | | |
| Cify - ST - 7IP | | | | 3.4. CITY- | - 51 - | -ZIP | | | | | |
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| COTY+SI-ZIF | | | | 4.4 CITY- | S1+. | ZIP | | | | | |
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| NAME | } | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 5 3 STREE | TAC | DDRESS | | | | | |
| CITY - ST - 7P2 | | | | 54 CITY- | | | | | | | |
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| NAME | | | | 6.2 NAME | | l | | | | | |
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| CHY+SI+7IP | | | | 6.4 CITY- | | 1 | | | | | |
| ent or th | L | | | 0.4 0111 | VI. | B-11 | | | | | |

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), Fiorida 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, groin an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DIRECTOR

3-29-97

954-344-7259