

XL 283

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

FILED

Feb 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058237 (6)

1. Corporation Name

MALL AT 163RD ST. FOOTACTION, INC.



Principal Place of Business

1329 NE 163RD ST
STE 1420
N. MIAMI FL 33162
US

Mailing Address

ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046
US

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

02/28/1996

4. FEI Number

65-0517706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
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

Signature of registered agent (if registered agent is not the incorporator)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROACH, DONALD	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS-TX	
TITLE	B	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, MICHAEL R	
STREET ADDRESS	ONE THEALL ROAD	
CITY-ST-ZIP	RYE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	3940 PIPESTONE RD	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
1.4 CITY-ST-ZIP	IRVING, TX 75063
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7880 BENT BRANCH DR #100
2.4 CITY-ST-ZIP	IRVING, TX 75063
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VIT
3.3 STREET ADDRESS	HOMER W. GREER
3.4 CITY-ST-ZIP	7880 BENT BRANCH DR #100
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7880 BENT BRANCH DR #100
4.4 CITY-ST-ZIP	IRVING, TX 75063
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	7880 BENT BRANCH DR #100
6.4 CITY-ST-ZIP	IRVING, TX 75063

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 13.4 changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER

2-12-97

912-501-5000

Date

Daytime Phone #

CR2E034 (9/96)