

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

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P94000058237**

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
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip Country**28** Zip Country**24** **25****29** **30**

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROACH, DONALD V	
STREET ADDRESS	7880 BENT BRANCH DR. #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	7880 BENT BRANCH DR., #100	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	7880 BENT BRANCH DR., #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	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NANCY W. WINTON☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VIKRI RODRIGUEZ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

972-501-5000

Daytime Phone #

CR2E034 (11/98)