

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

580

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

02-27-1999 90056 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000023907**

1. Corporation Name

**OSCEOLA SQUARE MALL FOOTACTION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
67 MILLBROOK STREET WORCESTER MA 01606 US	67 MILLBROOK STREET WORCESTER MA 01606 US

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

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

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business	2a. Mailing Address
21 3831 W. VINE ST.	26 7880 BENT BRANCH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #25	27 #100
City & State	City & State
23 KISSIMMEE FL	28 IRVING, TX
Zip	Zip
24 34741	29 75063
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
1201 HAYS ST, 105  
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN M	1.2 NAME	RALPH T. PARRS
STREET ADDRESS	933 MACARTHUR BLVD	1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	MAHWAH NJ	1.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, DONALD V.	2.2 NAME	7880 BENT BRANCH DR. #100
STREET ADDRESS	933 MACARTHUR BLVD	2.3 STREET ADDRESS	IRVING, TX 75063
CITY-ST-ZIP	MAHWAH NJ 07430	2.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHLMAN, GERALD	3.2 NAME	NANCY L. WINTON
STREET ADDRESS	933 MACARTHUR BLVD	3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	MAHWAH NJ 07430	3.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	4.2 NAME	ASST. SECY
STREET ADDRESS	67 MILLBROOK STREET	4.3 STREET ADDRESS	VIRKI RODRIGUEZ
CITY-ST-ZIP	WORCESTER MA 01606	4.4 CITY-ST-ZIP	7880 BENT BRANCH DR. #100
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	5.2 NAME	
STREET ADDRESS	CHARLES M. ALBERT	5.3 STREET ADDRESS	
CITY-ST-ZIP	7880 BENT BRANCH DR. #100	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)