

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P95000089599 (1)**  
1. Corporation Name  
**MIAMI FLAGLER FOOTACTION, INC.**



Principal Place of Business: **933 MAC ARTHUR BLVD. MAHWAH NJ 07430 US**  
Mailing Address: **933 MAC ARTHUR BLVD. MAHWAH NJ 07430 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/22/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>04-3298064</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, J.M.</b>		1.2 NAME	<b>RALPH T. PARKS</b>	
STREET ADDRESS	<b>933 MACHARTHUR BLVD.</b>		1.3 STREET ADDRESS	<b>7880 BENT BRANCH DR. #100</b>	
CITY-ST-ZIP	<b>MAHWAH NJ</b>		1.4 CITY-ST-ZIP	<b>IRVING, TX 75063</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, THEODORE L.</b>		2.2 NAME	<b>CHARLES M. ALBERT</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>		2.3 STREET ADDRESS	<b>7880 BENT BRANCH DR. #100</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01608</b>		2.4 CITY-ST-ZIP	<b>IRVING, TX 75063</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCEY, EDWARD J.</b>		3.2 NAME	<b>MARK W. MAYER</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>		3.3 STREET ADDRESS	<b>7880 BENT BRANCH DR. #100</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01608</b>		3.4 CITY-ST-ZIP	<b>IRVING, TX 75063</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAHLMAN, GERALD</b>		4.2 NAME	<b>NANCY L. WINTON</b>	
STREET ADDRESS	<b>933 MAC ARTHUR BLVD.</b>		4.3 STREET ADDRESS	<b>7880 BENT BRANCH DR. #100</b>	
CITY-ST-ZIP	<b>MAHWAH NJ</b>		4.4 CITY-ST-ZIP	<b>IRVING, TX 75063</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROACH, DONALD V</b>		5.2 NAME		
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MAHWAH NJ</b>		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.

SIGNATURE:  **NANCY L. WINTON** 2-3-98 978-501-5900

CR2E034 (10/97)