

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

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED

99 MAR 15 AM 11:26

SECRETARY OF STATE

DOCUMENT # P95000089599 (1)

1. Corporation Name
MIAMI FLAGLER FOOTACTION, INC.

414

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

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

04-3298064

Applied For

Not Applicable

21. Principal Place of Business
129 EAST FLAGLER ST.

26. Mailing Address
7880 BENT BRANCH DR.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State
MIAMI, FL

27. City & State
IRVING, TX

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip
33131

29. Zip
75063

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Numbers are not acceptable)
83. City
84. State
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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, J.M.	
STREET ADDRESS	933 MACHARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, THEODORE L.	
STREET ADDRESS	67 MILLBROOK STREET	
CITY-ST-ZIP	WORCESTER MA 01606	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUCEY, EDWARD J.	
STREET ADDRESS	67 MILLBROOK STREET	
CITY-ST-ZIP	WORCESTER MA 01606	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BAHLMAN, GERALD	
STREET ADDRESS	933 MAC ARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, DONALD V	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RALPH T. PARKS	
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY-ST-ZIP	IRVING, TX 75063	
2.1 TITLE	V/D	Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES M. ALBERT	
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY-ST-ZIP	IRVING, TX 75063	
3.1 TITLE		Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NANCY L. WINTON	
4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
4.4 CITY-ST-ZIP	IRVING, TX 75063	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
5.4 CITY-ST-ZIP	IRVING, TX 75063	
6.1 TITLE		Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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* NANCY L. WINTON

2-22-99 970-501-5000