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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000090722 (6) FOOTSORE INC.						
FUUIS	JAC ING.					
tricepal Place of Business 1447 STONE ROAD APARTMENT 8 TALLAHASSEE FL 32303		Mailing Address			68 417 00 114 10111 00111 1001	8 11979 1161 1891
		1447 STONE ROAD APARTMENT 8 TALLAHASSEE FL 32303				
77122711710022	. 12 3230			3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Re	eport
. Priecipal Plac 	e of Business	2a. Mailing Address 26 Po Box. 372.	THE MANAGER	4. FEI Number 33566 73	,	Applied For Not Applicable
Suite, ApL #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
l - Cify & State⊩ Ì		City & State	ssee FL	Election Campaign Financing Trust Fund Contribution	□ \$5.0°	May Be
]	Country	32302	Country 30 USA	8. This corporation has liability for in	ntangible tax under s	
	25 g. Name and Address of Current	~ L - : +		10. Name and Address of New Ro		
		· - · · - · - · · · · · · · · · · · · · · · · ·	81 Name			
GOETERS, PAT 1447 STONE ROAD			82 Street Add	Iress (P.O. Box Number is Not Acceptable	le)	
APARTM			83			
TALLAHASSEE FL 32303			84 City		85 Zij	o Code
	the provisions of Sections 607 0502	and 607 1508. Florida Statu	1 1	oration submits this statement for the puri	PL pose of changing its r	eaistered office
11. Parsaant ta or registere familiar with	the provisions of Sections 607.0502 if agent, or both, in the State of Florida, and accept the obligations of Section	 Such change was authori 	tes, the above-named corpo zed by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its r	egistered office agent. I am
II. Parsaant te or registere familiar with	diagent, or both, in the State of Floods, and accept the obligations of Sectionary the state of the section of	a Such change was authori on 607.0505, Florida Stalute	tes, the above-named corporated by the corporation's boals.	ard of directors. Thereby accept the appo	pose of changing its r pintment as registered	agent. I am
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outh 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:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/96 (904) 386-6299