

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000090722 (6)

1. Corporation Name  
FOOTSOKE INC.

Principal Place of Business

1447 STONE ROAD  
APARTMENT 8  
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 372  
TALLAHASSEE FL 32302-0372  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	401 Cloverdale Dr.	26		11/29/1995	03/13/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		58-3350073	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Tallahassee, FL	28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32312	29	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOETERS, PAT 1447 STONE ROAD APARTMENT 8 TALLAHASSEE FL 32303		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 of person named as registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CEO
NAME	KANN, JACQUELINE	1.2 NAME	OK
STREET ADDRESS	1447 STONE ROAD, APT. 8	1.3 STREET ADDRESS	1519 Beacon St.
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Brookline MA 02146
TITLE	D	2.1 TITLE	CEO
NAME	GOETERS, PAT	2.2 NAME	OK
STREET ADDRESS	1447 STONE ROAD, APT. 8	2.3 STREET ADDRESS	401 Cloverdale Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/80/97

(904) 386-6299

Date

Daytime Phone #

CR2E034 (9/96)