


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90027 007 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000067995**

1. Corporation Name
FOOT-O-GRAPH, INC.

Principal Place of Business 13499 BISCAYNE BLVD STE 1605 N MIAMI BHC FL 33181 US	Mailing Address 13499 BISCAYNE BLVD STE 1605 N MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13499 BISCAYNE BLVD Suite, Apt. #, etc. 22 1605 City & State 23 NORTH MIAMI FL Zip 24 33181	2a. Mailing Address 26 13499 BISCAYNE BLVD Suite, Apt. #, etc. 27 1605 City & State 28 NORTH MIAMI FL Zip 29 33181
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3. Date Incorporated or Qualified 08/06/1997	Applied For Not Applicable
4. FEI Number 65-0772926	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BECHOR, YUVAL 13499 BISCAYNE BLVD STE 1605 N MIAMI FL 33181	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
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	P BECHOR, YUVAL
STREET ADDRESS	13499 BISCAYNE BLVD STE 1605
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	S HARPAZ, TALU
STREET ADDRESS	13499 BISCAYNE BLVD STE 1605
CITY-ST-ZIP	N MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	CEO NOAM DANENBERG
STREET ADDRESS	13499 BISCAYNE BLVD SUITE 1605
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	TREASURER DANNY DANENBERG
STREET ADDRESS	13499 BISCAYNE BLVD SUITE 1605
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 99

305-9455454
Daytime Phone #

CR2E034 (11/98)

0262255