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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029520

FOOT LLCATE INC

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90058 031 ***150.00

EUGE-U	OATE INO.										
Principal Plac	e of Business	Mailing Address)	J. W. 18511 18011 81			INEN MAIL INNS
5920 NW 38 TE	ERRACE	5920 NW 38 TERRACE				1					
GAINESVILLE FL 32653 GAINESVILLE FL 32653							ı	OO NOT WRI	TE IN THIS	SPACE	
						2 1	Date Incorporate		I III IIIQ	UI AUL	
						l l	03/27/1998	o or waamed			
2. Principal Place of Business 2a. Mailing Address							FEI Number			Ap	olied For
21 Philidipal P	<u> </u>						59-3501	1834 1		<u> </u>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							r1	\$8.75 A	dditional
22	• -	27 — –				5.	Certifcate of Stat	us Desired _		Fee Re	quired——
City & Stat	е	City & State				6.	Election Campaig	gn Financing		\$5.00	
23		28					Trust Fund Conti	ribution		Added t	Fees
Zip	Country	Zip	Cou	intry			This corporation		ent year Int		□ •
24	25	29	30	1			Personal Propert		Zanietorod		□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10.	Name and Add	ess of New I	registerea :	vñairr	
חטכ	NUMAN ALAN I			"	ivaille						
HOCHMAN, ALAN J 5920 NW 38 TERRACE				82	Street A	Address (P.	O. Box Number	is Not Accept	able)		
	NESVILLE FL 32653			83							
GAII	ALGVILLE 1 E 32033										
				84	City				FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute:							aubmita this stat	remont for the		changing its	registered
SIGNATURE	Signature, typed or printed name of registered	egent and title if applicable. (NOTE AND DIRECTORS	Registered	I Agent s	signature re	equired when re	instating)	NGES TO OF	DATE FICERS AN	ID DIRECTO	RS IN 12
TITLE	OT TOERS	☐ DELETE	1.1 Til	TLE	Q	P	<u></u>			Change	☐ Addition
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAlan J. Hochman

1/12/99 (35)

(352)377-2027 time Phone #

:R2E034 (11/98