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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033260

1. Corporation Name
Footloose Associates, Inc

Principal Place of Business
3600 Mystic Pointe Dr #1418
Aventura, FL 33180

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/15/98

4. FEI Number
34-2869380 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Cohen, William J
3600 Mystic Pointe Dr #1418
Aventura, FL 33180

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

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 William J. Cohen, Director — 5/7/99
Signature(s) must be printed in accordance with the signature(s) on file with the Department of State. Failure to do so may result in a delay in processing this document.

12. OFFICERS AND DIRECTORS

TITLE D
NAME Cohen, William J
STREET ADDRESS 3600 Mystic Pointe Dr #1418
CITY-ST-ZIP Aventura FL 33180 [ ] DELETE

TITLE D
NAME Cohen, Eleanor C
STREET ADDRESS 3600 Mystic Pointe Dr
CITY-ST-ZIP Aventura, FL 33180 [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

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CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

B00000287591G--5
-05/19/99--01048--015
****150.00 ****150.00

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State, that the name appearing in Block 12 or Block 13 if changed, or an alternate name with an address, with all other fees paid, is 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 fees paid.

SIGNATURE: Eleanor C Cohen Director 5/7/99 33262-4