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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$97481

(3)

SO, FL. FOOT CARE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

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24

Zip

258 SE 6 AVE	258 SE 6 AVE
Principal Place of Business	Mailing Address

Country

9. Name and Address of Current Registered Agent

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MANN, RICHARD H

258 SE 6 AVE DELRAY BEACH FL 33444

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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DELRAY BEACH FL 33483-5227

## **FILED** May 09 1997 8:00am Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Bo

Added to Fees

Not Applicable

06/25/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutos

12/03/1991

65-0302089

4. F£! Number

DELRAY BEACH FL 33444			82 Street Address (P.O. Box Number is Not Acceptable)					
DEL	MI DENOTTE SOTTE	83	,				1	
		Ĺ	1		<del></del>		_[	
		84	City	FL  85	Zip C	ode	1	
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								
	<del></del>		ent sign	nature required when reinstating) DATL	- Stop?		١,	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI			- 8	
TITLE	D DELETE	1.1 TOTLE			hange	Addition Addition	18	
NAME	MANN, RICHARD H	1.2 NAME					13	
STREET ADDRESS	258 SE 6 AVE	1,3 \$TRLE	T ADORF	ESS			إ	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-	\$1-7IP				٤	
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STREET ADDRESS		6.3 STREE	I ADDRI	FSS				
CITY-ST-ZIP		6.4 CITY -	ST-ZIP				1	
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 eath; that I am an officer or director of the configuration 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 playged, or on an attachment with an address.								

TROMARD H. MANN D.P.M.

Country

81 Name

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