

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002841 (4)**  
1. Corporation Name  
**THE FABULOUS FOOTNOTES, INC.**



Principal Place of Business <b>849 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 US</b>	Mailing Address <b>849 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 US</b>
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3. Date Incorporated or Qualified <b>06/07/1994</b>	
4. FEI Number <b>65-0501974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 837 NE JENSEN BEACH BLVD Suite, Apt. #, etc.</b>	2a. Mailing Address <b>27 837 NE JENSEN BEACH BLVD Suite, Apt. #, etc.</b>		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**PAUSTIAN, SANDRA  
838 NORTH FORK ROAD  
STUART FL**

10. Name and Address of New Registered Agent  
81 Name  
**PAUSTIAN, SANDRA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1179 SW ITHACA ST**  
83  
84 City  
**PORT ST LUCIE** **FL** 85 Zip Code  
**34984**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE SANDRA PAUSTIAN *Sandra Paustian* DATE 3-8-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAUSTIAN, SANDRA</b>	
STREET ADDRESS	<b>838 N FORK RD</b>	
CITY - ST - ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUL, MARTHA J</b>	
STREET ADDRESS	<b>P.O. BOX 8281 N/A</b>	
CITY - ST - ZIP	<b>PT ST LUCIE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TANGO, MILDRED</b>	
STREET ADDRESS	<b>3391 IRONWOOD AVE</b>	
CITY - ST - ZIP	<b>PT ST LUCIE FL 34952</b>	
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		CHANGED	ADDED
1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS	<b>1179 SW ITHACA ST</b>		
1.4 CITY - ST - ZIP	<b>PORT ST LUCIE FL 34984</b>		
2.1 TITLE	<b>TREASURER/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VIRGINIA THOMPSON</b>		
2.3 STREET ADDRESS	<b>9801 S OCEAN DR #150-1</b>		
2.4 CITY - ST - ZIP	<b>JENSEN BEACH FL 34957</b>		
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	<b>TREASURER/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LIBBY K JONES</b>		
4.3 STREET ADDRESS	<b>2291 SW SCHOOL CREEK</b>		
4.4 CITY - ST - ZIP	<b>PALM CITY FL 34990</b>		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SANDRA PAUSTIAN *Sandra Paustian* 3-8-98 561-334-0888

CR2E037 (10/97)