

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 29, 1999 8:00am**  
**Secretary of State**

0074671

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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01-29-1999 90008 014 \*\*\*\*\*70.00

**DOCUMENT # N94000002841**

1. Corporation Name  
**THE FABULOUS FOOTNOTES, INC.**



Principal Place of Business 837 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 US	Mailing Address 837 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/07/1994	4. FEI Number 65-0501974	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent PAUSTIAN, SANDRA 1179 SW ITHACA ST PORT. ST LUCIE FL 34984	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUSTIAN, SANDRA	1.2 NAME	
STREET ADDRESS	1179 SW ITHACA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34984	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, VIRGINIA	2.2 NAME	
STREET ADDRESS	9801 S OCEAN DR #150-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGO, MILDRED	3.2 NAME	
STREET ADDRESS	3391 IRONWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34952	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LIBBY K	4.2 NAME	
STREET ADDRESS	2291 SW SCHOOL CREEK	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Paustian SANDRA PAUSTIAN 1-9-99 561-334-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #