

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

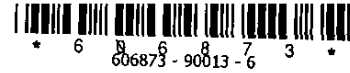
FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001148

1. Corporation Name
THE FULLER FOUNDATION, INC.



Principal Place of Business % J.P. MORGAN FLORIDA. S.S.B. 109 ROYAL PALM WAY PALM BEACH FL 33408	Mailing Address % J.P. MORGAN FLORIDA. S.S.B. 109 ROYAL PALM WAY PALM BEACH FL 33408
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/27/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 75-6015942
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DR., STE. 500E WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, GERALDINE S	1.2 NAME	
STREET ADDRESS	100 EL VEDADO	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR/PRESIDENT (DV) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, GILLIAN	2.2 NAME	
STREET ADDRESS	9550 HIDDEN VALLEY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, WILLIAM	3.2 NAME	
STREET ADDRESS	953 MORHEA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90049	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALL, KENNETH S JR.	4.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR., STE. 500E	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT (DV) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MICHAEL R. KLEINERMAN, ESQ
STREET ADDRESS		5.3 STREET ADDRESS	551 FIFTH AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK CITY, NY 10176
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** Director 8/14/99 501-650-0507
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006711
CR2E037 (5/99)