

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K55312 (8)
1. Corporation Name
FOUR FOOLS, INC.



Principal Place of Business 4400 NORTH LAKE BLVD. 4400 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 US	Mailing Address 4400 NORTH LAKE BLVD. 4400 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 US
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DO NOT WRITE IN THIS SPACE

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 12/27/1988	
21		26		4. FEI Number 65-0088035	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENOTTE, DEBORAH C. 4400 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410				10. Name and Address of New Registered Agent 81 Name Denise Gentry 82 Street Address (P.O. Box Number is Not Acceptable) 4400 Northlake Blvd. 83 84 City Palm Bch. Gardens FL 85 Zip Code 33410			
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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 *John Hawes* Pres *John Hawes* 3/25/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	HAWES, JOHN CURTIS	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	4400 NORTHLAKE BLVD.	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PALM BCH. GRDN. FL	2.1 TITLE		2.2 NAME	
TITLE	D	NAME	MENOTTE, DEBORAH C.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	4400 NORTHLAKE BLVD.	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	PALM BCH. GRDN. FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	GENTRY, DENISE	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	4400 NORTHLAKE BLVD.	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PALM BCH. GRDN. FL	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		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 or person 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 in an attachment with an address.

SIGNATURE: *John Hawes* Pres 3/25/98 (561) 795-4975

CR2E034 (10/97)