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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90084 020 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P02343

1. Corporation Name

THE FOUNDATION FOR EDUCATIONAL MARKETING, INC.

Principal Place of Business
5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
5370 GULF OF MEXICO DRIVE
P.O. BOX 8190
LONGBOAT FL 34228



| | | |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 06/08/1984 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 23-7379943 |
| 24 Country | 29 Country | Applied For |
| | | Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution |

9. Name and Address of Current Registered Agent

TAUBES, LAURA
1209 W. WAY DR.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | SUSAN GOLDFARB |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 803 84TH ST NW |
| 83 | |
| 84 City | BRADENTON FL |
| 85 Zip Code | 34209 |

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

Susan Goldfarb

(NOTE: Registered Agent signature required when reinstating)

DATE

March 18, 1999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|----------------------|
| TITLE | PPDT | 1.1 TITLE | DT |
| NAME | TAUBES, LAURA | 1.2 NAME | TAUBES, LAURA |
| STREET ADDRESS | 1209 WESTWAY DRIVE | 1.3 STREET ADDRESS | 1209 WESTWAY DRIVE |
| CITY-ST-ZIP | SARASOTA FL 34236 | 1.4 CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | VDT | 2.1 TITLE | |
| NAME | TAUBES, FRANK | 2.2 NAME | |
| STREET ADDRESS | 1209 WESTWAY DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | 2.4 CITY-ST-ZIP | |
| TITLE | DT | 3.1 TITLE | |
| NAME | MARTIN, LESLIE | 3.2 NAME | |
| STREET ADDRESS | 596 YAWL LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | TREASURER |
| NAME | | 4.2 NAME | DR. RICHARD GOLDFARB |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 803 84TH ST NW |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | | 5.1 TITLE | PPDT |
| NAME | | 5.2 NAME | SUSAN GOLDFARB |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 803 84TH ST. N.W. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | | 6.1 TITLE | |
| 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:

Susan Goldfarb

SUSAN GOLDFARB

3/18/99

941-383-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)