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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

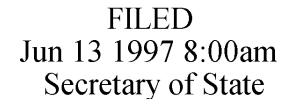
POCUMENT # H61316

(6)

COUNTESS JOY, INC.

Mailing Address

Principal Place of Business





44 COCOANUT PALM BEACH		44 COCOANUT ROW. #3: Palm Beach Fl 33480-4				
					3. Date Incorporated or Qualified 06/11/1985	3a. Date of Last Report 02/28/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-2793659	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State		City & State	 - 		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30				Florida Statules Yes No	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Reg	listered Agent
goodfriend, helen				81 Name		
44 (COCOANUT ROW #320-D		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
PALI	M BEACH FL 33480			1		
			63	3		
			64	City		FI 85 Zip Code
11. Pursuant i office or re agent. I as	to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the ob	0502 and 607.1508, Florida Statut late of Florida. Such change was oligations of, Section 607.0505, Fl	les, the abor authorized b orida Statule	re-named cor by the corpora es.	poration submits this statement for the polition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			ger I signature requ	rred when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PVS	☐ DELETE	1.1 TITLE			Change Addition
NAME	GOODFRIEND, HELEN		1.2 NAME			
STREET ADDRESS	44 COCOANUT ROW, #320	D-D	: 1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY -	ST-ZIP		
TITLE	TD	DELETE 2.11				Change Addition
NAME	GOODFRIEND, HELEN		2.2 NAME			f
STREET ADDRESS	44 COCOANUT ROW, #320	0-D	2.3 STREET ADDRESS			,
CITY-ST-ZIP	PALM BEACH FL		2. 4 CITY	ST-ZIP		
TITLE		☐ DEL€TE	3.1 TITLE			Change Addition
NAME			3.2 NAME			e de la companya de l
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	31. 22 7779	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP		·**	4.4 CiTY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addilion
NAME	4		6.2 NAME			
STREET ADDRESS	6 ¹ 2		6.3 STREE	T ADDRESS		!
CITY-ST-ZIP	•		6.4 CITY-	ST-ZIP		

I do 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 it 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.