

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M94009** (1)
1. Corporation Name
CARY-JOY COMMUNICATIONS, INC.

95 FEB -2 PM 4:15

Principal Place of Business Mailing Address
5150 W. COPANS RD STE 1130 MARGATE FL 33063 **5150 W. COPANS RD STE 1130 MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/12/1988** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1405 S.E. 1ST ST.** 26 **P.O. BOX 030397**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **FT. LAUDERDALE, FL** 28 **FT. LAUDERDALE, FL**
Zip Country Zip Country
24 **33301** 25 **-** 29 **33301** 30 **-**

4. FEI Number **65-0065644** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GLICK, BRIAN J., ESQUIRE
900-NORTH-FEDERAL-HWY
5355 TOWN CENTER RD, STE 801
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BRASTED, RAY
STREET ADDRESS	900 N. FEDERAL HWY, S340
CITY- ST- ZIP	BOCA RATON FL
TITLE	VSD
NAME	BRASTED, MELANIE
STREET ADDRESS	900 N. FEDERAL HWY, S340
CITY- ST- ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1405 S.E. 1ST STREET
1.4 CITY- ST- ZIP	FT. LAUDERDALE, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1405 S.E. 1ST STREET
2.4 CITY- ST- ZIP	FT. LAUDERDALE, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melanie Brasted* **Melanie Brasted**
DATE: **1/27/95** TIME: **305-722-2210**